Medical Discourse Relating to the female body in late 19th century Melbourne

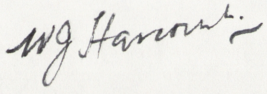
Wendy Harcourt

January 31 1987

A thesis submitted for the degree of Doctor of Philosophy of the Australian National University

Declaration of Originality

I declare that this thesis is a result of my own work except where acknowledgment to others is given.



ACKNOWLEDGMENTS

I would like to thank the Commonwealth Government of Australia for my Commowealth Postgraduate Research Award and the Australian National University for my ANU scholarship which gave me four years of research at the Australian National University. I would also like to thank the academic and secretarial staff of the History Department in the Faculty of Arts ANU for their support and assistance during those four years, and , for their help and friendly assistance the staff of the following libraries: Cambridge University, Chifley, Menzies, Mitchell, National Library of Australia, and La Trobe libraries.

This thesis has had many people's help and encouragement, both in Australia and Britain. None of them, of course, are responsible for its mistakes but without their enthusiasm I doubt that it would have survived all the difficulties entailed in the production of a PhD.

I would particularly like to thank my supervisors and advisors: Jill Matthews for her energetic and thoughtful advice, both as unofficial and official supervisor; Beverley Brown, Jenny Lloyd and Lenore Manderson for their timely comments and support at critical stages during the last drafts; and Susan Magarey for her help in starting the project.

Others who have read parts of the thesis are : Robert Dare, Kate Durkin, Geoff Harcourt, Joan Harcourt, Gillian Higginson, Lisa Jardine, Ludmilla Jordanova, Catriona Mackenzie, Claudio Sardoni, Morag Shiach, Alison Smith, Bruce Smith, Julia Swindells and Andrew Wells. I am very grateful for their interest and helpful comments.

Amongst the many friends who helped me endure the trials of a PhD I owe much to the intellectual and emotional support of : Atu Bain, Nicholas Brown, Jane Durie, Cheryl Hannah, Gillian Higginson, Annette Hodgins, Susan McGrath, Catriona Mackenzie , Brenda Parkes , Frances Sutherland and Jane Tillier. I am also indebted to Ian Caldwell and Peter Kriesler for the unenviable task of helping me grasp the mysteries of computer technology.

Finally, this thesis would not have been completed without the dedication, love and support of my family. I am especially grateful to my parents, Geoff and Joan Harcourt, whose unreserved intellectual, practical and emotional help in the final year far exceeded the call of duty , and to the generosity and affection of my sister, Rebecca Harcourt, to whom this thesis is dedicated.

Abstract

My thesis looks at the medicalising of the female body in late 19th century gynaecological and obstetrical discourses. It is a detailed analysis of Australian medical texts in late 19th century Melbourne. The thesis sets out to disrupt the notion of 'woman as womb' by looking at the historical production of the female body as a medical subject. It offers an alternative approach to other histories of gynaecology and obstetrics by looking at the concept of the female body as a historically specific set of meanings which were produced in a complex set of social relations , and held no more 'truth' than other ways of seeing the female body.

The thesis is set out in three parts. The first is the methodological introduction which explains how my methodology differs from other approaches to history. The second is a series of redescriptions of the history of gynaecology and obstetrics. This section uses narrative and textual analysis to examine gynaecological and obstetrical discourses. It gives both an account of 'what happened' during that period and a reading of medical texts in a thematic analysis of the concept of the female body. The third and final part is my theoretical appraisal of the equation 'woman as womb' in the light of my redescription of 19th century medical attitudes to the female body.

Chapter one sets out my methodological approach by discussing four approaches to the history of medicine. I look at how my work is informed by and differs from - traditional positivist history, a 'woman orientated' approach to medical history, a Foucauldian analysis of the clinic and power/knowledge, and a feminist textual analysis of the historical representations of the female body.

Chapter two begins my redescription of gynaecology and obstetrics in late 19th century Melbourne by looking at the technical and professional practices of gynaecology and obstetrics. It establishes the parameters of gynaecology and obstetrics as they became new medical specialisms and important sources of knowledge in the social concern with the management and welfare of the population's health and growth. The major function of the chapter is to situate the **Australian Medical Journal** as the primary source of evidence for the textual analysis of the following chapters.

Chapters three, four and five continue my 'reading' or redescription of gynaecology and obstetrics with a detailed analysis of medical texts. The textual analysis is introduced by a brief methodological section which defines how my theoretical approach to the reading of texts. The textual analysis is divided thematically : chapter three looks at the language used to establish the female body as a medical subject; chapter four examines the notion of sexual difference in relation to 19th century medical representations of the female body; and chapter five studies the operation of the normal and the disordered in the medicalising of the female body.

Chapter six concludes the thesis by looking at the theoretical implications of my reading of the female body. It discusses how the disruption of the equation 'woman as womb' helps elucidate the particular representations of gender, difference and femininity in late 19th century medical discourse. The chapter situates my work in relation to a Foucauldian analysis of power/knowledge and a feminist analysis of gender relations.

The thesis concludes with the suggestion that this type of history project is important in a theoretical and political reevaluation of medical attitudes to the female body which have evolved in scientific medical writing and in traditional analyses of the history of medicine.

Table of Contents

1. Methodological Introduction

1.1 Historiographical Framework

With the growth of feminist historical research in recent years the relationship between woman and medicine has become a topic of growing historical interest. There are two reasons for this. First, in the feminist redefinition of woman, reproduction has become an important theoretical category. And secondly, there has been a general challenge to the assumption that reproduction is best understood by medical science. In feminist analyses of reproduction as an important defining point of woman's social, cultural and economic position, it has been recognised that medicine has played an important role both in its professional and scientific capacity. The development of gynaecology and obstetrics in the late 19th century has become a particular target for feminist historians. It is a period of interest both because of the establishment of medicine as a predominantly male science and because female reproduction became an object of special medical concern. These histories have sought both to re-establish the narrative history of gynaecology and obstetrics - like most areas concerned with women's lives gynaecology and obstetrics have not been at the forefront of medical history - and to challenge the definitions of woman implicit in a predominantly male science.

The general aim of my history is to contribute to a feminist redefinition of woman and theoretical understanding of reproduction, by a historical and theoretical exploration of the development of gynaecology and obstetrics in late 19th century Melbourne. Though taking my cue from other feminist historians, my methodological framework, however, differs from other analyses[5]. My focus is not so much on how male science built up an oppressive knowledge of the female body based on the control of women's reproductivity, but rather on how the understanding of woman as reproductive or 'woman as womb' operated as an important medical concept in the late 19th century. I am interested in how reproduction became an important point of definition of woman in medical practices and the conceptual relationship between this knowledge and women's social, cultural and economic position. In order to study the theoretical significance of reproduction and the importance of medical knowledge in the position of women I seek to disrupt the apparent 'given' of modern woman as a reproductive being. I theorize the 19th century medical perception of the female body, symbolized by the equation 'woman as womb' as a historically specific set of meanings which linked medical, social and cultural perceptions of woman. My historical task is to describe how these perceptions of 'woman' are related by unravelling the meanings of woman which appear naturalised or unchallengeable in the 19th century medical representations of the female body.

This task presents a particular set of methodological problems. Although writing a history of medicine I am actually defining both 'history' and 'medicine' in a different way from traditional histories of medicine. Although writing a feminist history I am not beginning from the assumption

that a 'male' science necessarily oppresses women or working within a framework which sees women's reproductive capacity as an important source for women to reclaim. And , although posing general theoretical questions about the importance of reproduction and the modern meaning of femininity, I am looking at the historically specific situation of the production of medical texts in late 19th century Melbourne. The apparent problematics my approach presents can be explained in the different focus of my work from other histories of medicine, feminist analyses of gynaecology and obstetrics and theoretical explorations of femininity and reproduction. I am 'unravelling' meanings of the concept of the female body in late 19th century Melbourne medical discourse in order to explore the relationship between medical power and knowledge and the importance of reproduction. Before beginning this 'unravelling' I need first to differentiate my approach to 19th century medical attitudes to the female body from other approaches to the subject.

The aim of my study is to disrupt what has been taken as the natural or given meaning of woman, both medically and socially, that is, the notion of woman as reproducer. My study analyses the female body not as a simple physiological concept that is unchanging across time but as a complex historical subject which had particular meanings at different historical periods. I suggest that in the 19th century, the notion of reproduction signifies a series of meanings ranging from reproduction as the essence of woman; as woman's racial and social duty; as the determining factor of women's health, difference and desire ; to the source of the female body's inherent periodicity and pathology. In turning to the historical origins of the concept of 'woman as reproducer', I am not arguing that medical practice, such as the development of gynaecology and obstetrics, was the cause of this way of seeing the female body but rather that this view of the female body is at the base of medical and social views of women. My history identifies in medical knowledge and practice a view of the female body which appeared as a scientific, natural and unchallengeable truth but actually encapsulated and helped form a range of social attitudes and understandings of woman that are contained within the notion of woman as reproducer.

My historical task then, is to explore how the emergence of different medical practices produced a particular understanding of woman. I do this by looking at the female body as a subject of history which was constituted by a complex set of ideological and social relations. Taking up feminist concerns with the medicalising of woman's body my work focuses on, and questions the importance of the medical profession in defining women's reproductivity; the notion of women's reproductive function as inherently disordered; the necessity of medical care throughout women's reproductive life; the separation of the social from the medical existence of woman; the notion of controlling the female body through medical knowledge and practice; the changing view of women's body in relation to changing views of women's social existence; and the relationship between clinical practice and issues of social concern - such as social reproduction, sexuality, control of fertility and medico-political administration.

In order to define more clearly my concerns this chapter analyses the approach of preceding histories of the medical understanding of the female body. In this analysis I look at the wider philosophical questions which underlie the writing of history - the definitions of concepts such as 'medicine', 'science', 'body', 'knowledge' and 'power' - which inform my work and have different meanings in other medical and feminist histories. As my concern is with underlying philosophical approaches to the writing of history I do not attempt a bibliographical survey of each type of history but rather I look at individual texts as examples of the way in which that approach to history represents the female body as a medical subject. I have divided my discussion into four methodological approaches - traditional positivist medical history, recent feminist inspired work, Foucault's analysis of the clinic and medical practices and feminist work on meaning and language. These discussions serve as one part of my theoretical introduction. A second part which is preceded by a background historiographical chapter, explains how I use textual analysis as a way of understanding medical discourse.

1.2 Traditional Histories of Medicine

Traditional histories of medicine start with the premise that scientific medicine, as it is now practiced in the Western world, best understands the workings of the body in both health and illness. In histories of gynaecology and obstetrics the same premise applies - the focus is on the achievements of medical science. In this section I look at three different presentations of this approach in order to analyse the dominant view of the female body in medical history. I look at the underlying philosophical assumption of a natural biological definition of woman which medical science has 'uncovered' in its clinical developments. The texts offer three versions of this 'uncovering'. Kerr's (et al) **Historical Review of British Obstetrics and Gynaecology 1800 - 1950** (1954) uncovers the 'facts' of the progressive achievements of 19th century gynaecology and obstetrics, Graham's **Eternal Eve** (1950) 'uncovers' the 'spicier' bits of medical sciences dealings with the tabooed subject of the (usually covered) female body and Shorter's **The History of Women's Bodies** (1983) 'uncovers' the story of the medical liberation of woman from the tyranny of their bodies. In choosing such apparently diverse approaches to the traditional view of medical history I do two things - first, I show how pervasive the notion of the female body is. (I do my own 'uncovering' by questioning the validity of traditional views as the only way of seeing the female body) and secondly, I point out the contradictions between these texts' approaches, contradictions which I take up in the rest of my thesis.

Kerr's book is a history of medical techniques developed in gynaecology and obstetrics since 1800. In this text the history of medicine is the history of great doctors' achievements which have built up to the climax of present day knowledge. Medical knowledge, in this sense, is judged from the standard of the present - those techniques which were judged effective and forward looking are catalogued as triumphal achievements, and those which were seen as ineffective, and therefore the ones which fell by the wayside, are noted but excluded from the true history of

medical knowledge. It is a positivist whig view of history where the emphasis is on the development of special techniques in the discovery of the anatomy and pathology of the female body.

In this schema the female body is conceptualised as a medical phenomenon which was gradually discovered, 'uncovered', with the improvement in medical knowledge and techniques. An illustration of how this approach operates is the authors' discussion on menstruation. Premodern explanations of menstruation are seen as ignorant, even slightly ludicrous:

> To the modern reader, whose vision has long been accommodated to the blaze of light that has flooded over the whole subject of the female reproductive physiology since Hitschmann and Adler's[1] epoch-making work in 1908, there is a sense of unreality about our predecessors' gropings after physiological truth.
>
> (Kerr,et al,1954:43-44)

The metaphors used in this statement are doubly appropriate - the image of light refers both to the light of knowledge and to the opening of the female abdomen, with premodern doctors 'groping' in the 'dark' of both prescientific knowledge and the unseen and therefore unknown interior of the female pelvis. The authors dismiss theories which have been discarded since Hitschmann's and Adler's now accepted explanation of menstruation as 'curious' and unable to survive 'properly controlled' (ie scientific) observations. The female body is seen as an experimental ground on which different techniques were tried to the benefit of scientific knowledge - the assumption being that these benefits would inevitably flow onto women. Although the subject of these observations and experiments, the female body defines the specialisms, the focus is not on the patients or on the general social benefit women might enjoy, but on medical expertise and discovery. The authors work with a standard of medical truth which had its 'harvest' (their phrase) in 20th century medicine. The history of 19th century medicine is therefore judged as a growth of knowledge through greater empirical observation of the medical subject, the female body. It is a time of tentative new discoveries when 'the ignorance, superstition and false modesty' which had 'effectively veiled the whole subject and put a taboo upon any real investigation' were 'unloosed or cut, and our knowledge of woman's sex physiology began to open out like a bud at the touch of spring'. (Kerr, et al,1954:86) Again,the metaphors are singularly appropriate to the subject - 'the quickening of medicine', the 'bud opening', the 'harvest', are all suggestive of the birth process in nature. The history documents the objective scientific reading of Nature's book, the exposing of the workings of the female body.

---

1 Medical theorists who founded modern science's explanation of menstruation and ovulation.

Graham's **Eternal Eve** is not an orthodox medical history such as Kerr's more official history. Graham sets out to entertain as well as to inform his reader. Unlike Kerr who addresses a medically trained audience, Graham aims at 'ordinary' and 'medical' readers alike. As a result his focus is markedly different. Graham's work is a less rigorous history. He is more concerned with anecdotes from the medical past than with details of medical techniques. If the dominant metaphoric image of Kerr's book was the harvest of nature by science, the equivalent image in Graham's work is the scientific penetration of the female body. The focus is not on the technological innovation of the 'medics' but on the removal of the female body from the 'dark' of prescientific knowledge, where barbarous operations prevailed to the light of modern scientific knowledge through the 'surgical invasion of the female pelvis'. (Graham,1950:xv) This is a positivist and whig view of history with an added element of erotic interest in the treatment of the female body. Graham punctuates his history of gynaecology and obstetrics (from biblical to modern times) with sub-chapter titles such as:

> 'religious prostitution'; 'virgin with many lovers'; 'pomegranates for fertility'; 'Eileithiya the girdle-loosener'; 'breasts of Scythian women'; 'the bones of the pelvis separate'; 'flowing away of the seed of the woman'; 'Commodus had three hundred maidens'; 'gold-embroidered beds'; 'touching the myrtleberry for lascivious purposes'; 'sympathetic breasts'; 'excitement makes the womb contract'; 'intercourse a powerful remedy '; 'female eunuchs of Adramyttes'; cosmetic gold mine'; 'lead nipple shields'; 'three pillows beneath the buttocks'; 'Rude boys; every female nunnery in Europe'; 'the fashion of wearing cork rumps'; 'two blooming cauliflowers'; 'while you slaughtered many a pregnant dame'; 'a wine glassful of cherry bounce'; 'the impulse of passion and the dictates of duty'; 'tight corsets and french novels'; 'whalebone and red flannel drawers'; 'instruments offensive and feminine delicacy'; 'a woman with curious breasts'; 'a frozen woman sawn in half'; 'the inn keeper's daughter'; 'naughty, naughty Rontgen rays'; 'William Stewart Halsted and his rubber gloves'; ' tall women procreate faster.'
>
> (Graham,1950: ix-xvii)

In this history the female body is an object of male desire. This framework appears to place Graham's text outside acceptable medical histories which separate the sexual from the physical. In drawing attention to Graham's work I wish to point out that though discussions of sexuality were taboo in medical texts it is also evident that, in apparent contradiction, the female body was highly sexualized. In medical texts (such as Kerr's) the female body is conceptualised as if it were a passive object of medical attention, the viewer and viewed being seen as non-gendered, but as Graham's work illustrates, it is predominantly a male science focusing on areas of the female body which are taboo in other discourses. His crude references to the sexual domain bring into focus the close connection between the sexual and medical. This raises an important question which I address in my analysis of medical texts - how was the female body medicalised in such a way that sexual desire was excluded from the medical gaze and yet reproduction, conceptualised

as the reason for sexual desire, was at the same time seen as the essence of woman's being. As Graham's work suggests, the reproductive female body is a desired one, though this desire is not articulated in the clinical domain.

Shorter's book **The History of Women's Bodies** has a completely different approach from that of either Kerr or Graham. His work is situated more in social/political history than in the history of medicine. He uses the history of western medicine as vital evidence in his explanation of the success of 20th century feminism. His focus is on the history of female physiology, a physiology which he argues determines women's social and political position.

This approach takes us away from a narrative of gynaecological and obstetrical developments, but the subject of the history, the female body, is recognisably the same. Women, Shorter argues, have been burdened by their physiological structure, a burden which has been progressively relaxed with the development of scientific medicine:

> before 1900 or so, femininity was basically a negative concept for most women. It was something which they thought made them inferior to men, a burden with which God had saddled them since Eve was expelled from the garden, and which they carried in quiet resignation. Then, all the changes occurred ... and after 1930 ... women became released from the terrible historic burden of their own ill health, making it possible for them to think of their femininity as a basically positive, life-giving force.
> (Shorter,1983:xi)

He argues that prior to the mid 20th century women were the victims of men's sexual needs, social customs and nature. Unlike men women were subject to various diseases associated with reproduction, and, because 'medicine and surgery were so infinitely ignorant', the 'various diseases to which women's pelvic organs and breasts can subject them raged ... completely out of control'. (Shorter,1983:xii) The awkward phrase 'to which women's pelvic organs and breast can subject them' is telling. The phrasing separates out the female body's physiology from women's social and political existence. But, though separate from women's public existence, women's physiology, according to Shorter, is also the major determining factor of women's lives. The burden of women's reproductive function and its inherent physiology is the reason for pre20th century women's inability to achieve equality with men in social and political spheres. Hence the role of scientific medicine as the knight in shining armour who liberates women from the 'huge cysts, unwanted pregnancies and bucketfuls of pus' given to them by 'nature, childbirth and their husbands'. (Shorter,1983:279) Shorter argues that it was no accident that women achieved political recognition in the 20th century; indeed, 'if women had still been dragging about' with 'fallen wombs', feminism would probably not have happened. (Shorter,1983:xii-xiii)

Although Shorter appears to go beyond orthodox histories by extending the parameters of his study to include the social and political existence of woman, his concept of the female body, and of the history of medical development relating to the female body, is the same as in the other

traditional histories. Medical knowledge, because of its access to the corporal body, is seen as a powerful influence in women's lives. The female body is still an object to be discovered, examined and understood by medical practice. Shorter's approach differs from those of other texts in that the social and political existence of woman is not ignored. However, though he draws attention to women's political and social lives, Shorter does not challenge a traditional medical framework. His work retains a hierarchy of the medical and the corporal body over the social and political and women's nonreproductive activity. Although he claims to be addressing the issues of political history he operates with the same medical model we identified in the other texts which reduces women's existence to a body trapped by its physical limitations. The triumphal ending of his history is put in terms of medical/political achievements - in the mid 20th century women, rescued from 'women's troubles' at last, were no longer objects of mystery, but medicalised, known subjects, who could enjoy a health which gave them the potential to participate equally with men in family life.

Shorter's approach raises some interesting theoretical issues. His attempt to give women's bodies a history of their own points to the concept of women as different because of their physiology. There has been no equivalent attempt to write a medical history of the male body as such, though there are histories of pathologies and physical conditions which affect men. It is as if femaleness/femininity is itself a medical condition. In Shorter's text the priority given to medical practice over social change also points to the priority of scientific over other explanations of human behaviour in modern thought. Medical knowledge is assumed to hold some form of truth which escapes the accusation of subjectivity. For example, it is considered factual that women generally suffer ill health, whereas it is seen as subjective that women suffer social injustice. This theoretical assumption, at the base of empirical research and traditional history, is one which my study challenges by suggesting that the perception of woman as unable to participate in society because of their dragging wombs is as subjective and liable to interpretation as the notion of men oppressing women by denying them the vote.

In general, these texts illustrate an approach to the history of medicine which raises various methodological problems for my research. Most obviously is the problem of a whig approach to history which judges medical knowledge from the perspective of the present. This approach ignores particular techniques and practices as peripheral to the success story of accepted gynaecological and obstetrical techniques and tells the history of gynaecology and obstetrics as a progressive march forward in the knowledge of humanity and the relief of woman from the trials of child birth and women's diseases. As I start my research from the premise that in order to understand medical knowledge we must challenge the assumptions of a medical framework I do not accept an approach which uncritically assumes that modern medicine is the apex of medical knowledge, and that all past medical practice can be explained as the progressive development of this knowledge. Another assumption I do not accept is that medical knowledge is an abstract science divorced from social relations. I argue that it is inadequate to treat patients as simply

objects of medical ideas and practices and to accept uncritically that the profession is the expert manager of this knowledge. In this schema the gender and class status of the patients and doctors are ignored and medicine is seen as free of class and gender bias.

A second area which this approach fails to address adequately is the significance of gynaecology and obstetrics being practiced by male doctors on female patients, or the implications of gender relations. The significance of male doctors viewing female patients is not considered, nor why it is the female body, not the male body which demands special medical attention. It is assumed that gynaecology and obstetrics just simply emerged as another specialism in science's relentless pursuit of knowledge. The questions of why a male medical profession became concerned with the female body when it did, and why particular practices were developed for the female body are not asked.

In terms of conceptualising the female body these texts raise some interesting questions. They present the body as having an unchanging empirically observable form which has been imperfectly understood until the breakthroughs of 20th century scientific knowledge. It is also assumed that the female body will be more and more perfectly understood as it continues to be scrutinized by medical technology. The medical definition of the female body which evolved with these techniques is accepted as an empirical truth, the natural condition of woman. Medical science is seen as rescuing the female body from the ills to which nature has subjected it. My challenge to this view of medicine is from a historical perspective. Just as other ideas have changed in different historical moments so has the empirical view of the body. My critique is not based on the conceptual framework of truth or error, with the 'progress of medicine' implying that the procession has been from error to truth, but it is more concerned with explanations of how different meanings of the body evolved at particular historical junctures. The female body, in my conceptual framework, is not a predefined object of medical enquiry but rather is representative of a set of medical practices and understandings which, in their doing, define the female body. Furthermore these images and meanings of the body cannot be divorced from other understandings of women. In my critique, a history of the female body is a history of the conceptualising of woman as a medical subject, and of the implication this has for wider social relations.

I will expand the last remarks in the following sections where I look at material which challenges a gender blind, positivist whig view of history. I divide this discussion into three areas - the importance of gender in medical practice, medicine as a product of social relations and the changing images of woman as a historical medical subject.

1.3 The 'Women Orientated Approach'

As I stated in my introductory remarks to this chapter feminist historians have begun to look at late 19th century gynaecology and obstetrics as important histories in the oppression of women. This type of history, begun in the late 1960s and 1970s with the rise of feminist consciousness,

challenges the traditional medical history's nonacknowledgment of gender relations in medical practices. My concern here is with the histories which deal with medical attitudes to the female body rather than with the history of great women doctors (as opposed to great men doctors) or with the professional battle between midwives and the predominantly male medical profession. Although these are important histories they do not challenge the underlying theoretical perspectives of orthodox medical history, though they give, so to speak, 'the other side' and break the silence concerning women's contribution to the medical profession. I focus on what I have called the 'woman orientated' approach to the history of medicine. This approach looks at the implication of the practice of medicine for women in patriarchal social relations. It challenges traditional medical histories in two ways. First, it focuses on the patient as an important human agent in medical practice, and secondly, it questions the value or 'progress' of medical knowledge for women. As in the last section, I am interested not so much in the content of these arguments but in how the telling of these histories constitutes the concept of the female body. I divide the material into the two areas which I see as challenging orthodox medical history. The first area looks at gender relations in medicine, how the medical profession is seen as oppressing women in the medicalisation or 'taking over' of the female body. The second looks at feminist historical explanations of the role of illness in the 19th century - how the medical understanding of the pathological female body is seen as an expression of social relations. Roughly, the first approach challenges the traditional view of the role of the doctor and patient and the second, the benefit of medical practice and knowledge for women.

In **The Captured Womb** (1984) one of the most recent women orientated histories of obstetrics, Oakley looks at the development of childbirth practices in the late 19th and 20th centuries. Oakley argues that the development of antenatal care is an important example of the technical and institutional practices through which the medical profession 'captured' the female body. Her challenge to the traditional view of doctor and patient is to argue that this process, though perhaps improving the maternal and infant mortality rate, actually dehumanised and alienated pregnant women. (Oakley, 1984: 4) She argues that the male professional take over of women's bodies reconstituted pregnancy and childbirth from a natural biological event to a pathological one which needs intensive medical care. This she sees as a form of social control which became necessary with the state concern to ensure a healthier and more efficient population. (Oakley, 1984: 32) She is therefore critical of the motives behind scientific interference in pregnancy and childbirth. She sees medical developments not as humanitarian moves towards women but rather as a strategy of the hegemonic power of the state which sees reproduction as an important social asset.

This view is put even more forcefully by Ehrenreich and English (1979). They conceptualise the medical profession as an instrumental power group in capitalist patriarchal relations. They see medical practice and knowledge as a product of the rise of 19th and 20th century capitalism and male oppression of women. (Ehrenreich and English, 1979: 121) In this framework the medical expert is seen as spearheading the attack on women's autonomous control over their own bodies and, ultimately, even their lives.

They argue that through the influence of the 19th century male medical profession women became predominantly seen as ill, constantly in need of medical treatment and therefore unable to participate with men in the public sphere. (Ehrenreich and English, 1979: 126) This strategy had benefits both for men, who did not have to compete economically with women, and for doctors, who were able to practice a lucrative trade.

Both these texts conceptualise scientific medical practice as an ideological, social and economic battle fought on the site of the female body. Although they have a radically different critique of the effects of scientific medicine for women, their basic perception of the female body is not so different from traditional histories. The images they use are those of battle rather than progress - the body is 'captured' and 'fought over' rather than just discovered and viewed with the light of science - but they accept that ultimately medical science is an advance in knowledge and that the female body is best understood by modern science. Their argument is with the misuse of power entrusted to the medical profession by the social state not with the understanding of female anatomy and physiology by western medical science. In the logic of their critique, if women had had more control over these technologies it would be a more humane medical practice but not a different one. They work with the understanding that there is an essential female body which science understands, the difficulty is that this knowledge has been fettered by oppressive patriarchal/capitalist relations. Once these are removed an objective, more humane, medical practice could be established. Women would then have equal access to the knowledge and control of the pregnant female body.

Essentially these texts do not challenge the hegemonic medical view of the female body. They assume that there is a value free science which has been historically misused. The second set of texts which I analyse in this section discuss more critically the way in which medicine categorizes women's illness. They argue that illness is a product of social relations rather than an objectively observable condition which medicine treats or mistreats. The texts focus on 19th century women's illnesses as a particularly rich illustration of the operation of gender relations.

Figlio(1978) argues that the notions of 'health and disease are part of the struggles and social relations of the society which sustain them but in a way which hides that very social nature'. (Figlio,1978:589) He challenges the framework of traditional histories of medicine by seeing the practice of medicine not as an objective science but as a political strategy which reinforces social relations that are necessary to the capitalist mode of production. He therefore examines disease as an indicator of social conditions rather than as an observable scientific phenomenon.The object of this study, chlorosis or green sickness,[2] is analysed as part of the perceived explosion of female disease during the 19th century which Figlio argues, 'measured the strain on bourgeois values' rather than being just an increase in physical pathology. (Figlio,1978:593) Figlio considers class an important factor in the analysis of chlorosis. Figlio suggests that amongst middle class women

[2] An anaemia common among young women during the 19th century. See also Clair Siddall (1982) for a history of the diagnosis of chlorosis.

chlorosis was a disease of refinement - the manifestation of chlorosis as a popular illness helped to define a new social group - the idle pubescent girl. He argues that the high incidence of this illness among bourgeois women was a product of 19th century capitalist ideology which constituted these women as symbols of middle class wealth and luxury. Similarly, the unsympathetic medical treatment of working class women suffering chlorosis, Figlio argues, was a product of the same ideological hegemony. Medical suspicions that chlorosis among working class women was a product of false aspirations, even though, as Figlio reasons, their poorer diet and more strenuous work would have resulted in a more serious form of the illness, was a convenient and economically advantageous explanation used to deflect attention away from appalling working conditions.

In this reasoning medical knowledge is seen as an ideology which reflects and sustains the workings of capitalism. The status of women in capitalist relations, either as the property of middle class men or as fodder for the production lines, is carried over into the medical domain. Their health and illness is therefore a microcosm of gender and class relations.

Duffin(1978) makes similar observations about the general phenomenon of 19th century women's illness though she accords a less economically determined role to medicine than Figlio. Using social anthropological theory she argues that the importance of medicine is determined not just by economic relations but also by the fact that it deals with the human body. Medical attitudes do not just reflect or put into practice relations of capitalism but rather are themselves importance sources of social theory. As an ideology, medicine plays a significant role in social beliefs about sexual differentiation, social discrimination and disability. Duffin sees doctors having an important role in the 'struggle of the sexes' and medical theory as mirroring the emerging features of industrial civilisation. She argues that the illnesses of middle class women became characteristic of the 'perfect' lady confined to the home as the 'perfect invalid'. The bourgeois woman was the 'conspicuous consumptive', a symbol of the luxury and idleness afforded by her husband's industry.

In this critique of 19th century medicine illness defines women's social role. Medicine is seen as mediating between natural physiological functions and social belief. These social beliefs, Duffin suggests, centred on the social and political role of woman in the Victorian Age. She argues that in this age medicine was a critical participant in the battle of the sexes, and, more critically, as a predominantly male profession, medicine favoured the male camp. Therefore their pronouncements that women were either naturally ill or liable to become ill if they stepped outside the traditional female role, can be seen as male prejudice preventing women from performing a more fulfilling social life.

Douglas Wood's (1973) examination of women's illnesses in America contains a powerful critique of both the medical profession and 19th century social relations. As the title of the article 'Fashionable Diseases' suggests, Douglas Wood questions the physiological validity of these fashionable diseases and argues instead, that they functioned more as reflections of psychological

and social conditions of women. She argues that the severity of women's diseases was exaggerated and that female illness was treated in a way which reinforced ruling male ideology. She suggests that the technical inventions of 19th century gynaecology, in particular painful 'local' treatments (cauterisations, injections and operations performed internally), were, perhaps unconsciously, expressions of deep seated misogyny. A 'complicated if unacknowledged psychological warfare was ... waged between the doctors and their patients'. (Douglas Wood, 1973:33) Such brutal forms of medical treatment were therefore men's punishment of women - an effective form of male social control over women who opted for ill health rather than the fulfilment of their social reproductive role.

In this explanation medicine, through tortuous means, deliberately reinforced women's dependency on men. Bullough and Voght (1973) similarly argue that women's physiology was construed by medical science so that women were seen as physically unable to compete with men. They argue that 19th century views on menstruation reveal inherent prejudices against women which were used in political and social debates about women's enfranchisement and educational rights (Bullough and Voght, 1973: 66). In this context menstruation, or women's periodicity, was itself seen as a form of natural illness which prevented women from achieving social and political equality. In both Douglas Wood's and Bullough and Voghts' texts medicine is seen as a tool of patriarchal oppression, with women passive victims of the surgeon's knife and society's prejudice.

Smith Rosenberg (1972) in an article on 19th century hysteria, gives an alternative reason for the prevalence of 'women's problems' in the late 19th century.She suggests that the high incidence of hysteria and 'nervousness' was actually a form of social protest by middle class women (Smith Rosenberg, 1972: 658-78). Either consciously or unconsciously illness provided a social identity for women, a means through which they could escape the oppressiveness of marital and maternal duties. Hysteria was the only available expression of rage and impotence for these women, and a practical means of escape from continual pregnancies or social ennui. Ironically, as she and other feminist historians point out, this behaviour only reinforced male prejudice and women's lack of control in the public sphere. This critique of the role of illness in 19th century women's lives was endorsed during that period by feminists such as Charlotte Perkins-Gilman, whose short story 'The Yellow Wall-paper' dramatically describes a woman's descent into madness as the only escape from the tyranny of her husband/doctor.

In another article which she co-authored, Smith Rosenberg (1973) moves closer to Douglas Wood and Bullough and Voght. Medicine is seen as having a wider role, rationalising and legitimising every aspect of Victorian life. Because there was a strong opposition to women's social and political emancipation in the 19th century, medical prescriptions for women's lives can be interpreted as unconscious hostility to the threat that liberated women presented (Smith Rosenberg and Rosenberg, 1973: 353-6). In this argument, medical and biological thought endorsed social beliefs by producing the factual evidence for the ideological arguments against women's emancipation.

These histories challenge traditional medical histories by refusing to accept that medicine is an objective factual science. They argue that illness is as much a social phenomenon as a natural one, indeed both medical definitions and treatment can be seen as a microcosm of wider social battles. In a situation where there is a predominantly male profession treating female patients the sexual difference cannot be ignored, particularly in the 19th century where women were beginning to challenge their social roles and the medical profession became an orthodox organ of the state.

In this approach there is a different concept of the female body operating than in traditional medical history. The female body is seen as closely tied to the social and political existence of women - social control of women is effected through the medical take over of child birth and the development of techniques to cure women's troubles. Women express their dissatisfaction with their social and political role through their illnesses. Doctors 'take out' their prejudices on the female body, or as some argue, their hatred of women. Practices and attitudes in the clinical domain are seen as integrated into the social domain and, therefore, the body itself becomes a site of struggle. What is operating in these arguments is a complex set of assumptions about women's political position. Whereas traditional medical history had a progressive view of medicine - medicine rescuing the female body from ignorance - the body being an object of medical interest only - the 'woman orientated' approach argues that medicine was oppressing women socially and politically through the medium of the natural body. In this view the social and physiological existence of woman is integrated. The medical history of the 19th century is important because the development of obstetrics and gynaecology epitomizes male social control over women. By refusing women access to knowledge of their own bodies medicine contributes to the power of the patriarchal state. Alongside these histories of medicine is the parallel history of women's struggle against men and their growing political and social liberation. Medical control of the female body becomes symbolic of the power men have over women so that medicine is seen as repressing the true potential of womanhood. This approach, in another sense from traditional medical histories, presents its own whig view of history. This view interprets 19th century history as the beginning of women's struggle for liberation, with the female body conceptualised as fettered by male science, a condition which women had to resist if they were to realise their social potential. The point is not that this view has no validity for a political feminist critique, or that it fails to offer an important explanation of 19th century historical events, but rather, that it incorporates a medical view of the body, and by seeing the body as the key to political freedom, this critique in effect, prevents an analysis of the historical constitution of that particular concept of the female body.

These histories offer two important revisions of traditional medical history - the female body is not a neutral object of science but a site on which gender relations are played out and medical practice, itself, is not value free but is important in the social and cultural history of women's lives. These are two crucial theoretical perspective from which my analysis begins. There are,

however, limitations to the approach of these histories. In particular I wish to question the overriding grid of patriarchal oppression which they apply to explain social relations. In starting from the pregiven theory that all men oppress all women, the explanation for changing medical practices and attitudes is fitted into an already assumed framework. The female body becomes a transhistorical site of battle between medicine and the true way women should live. Though a feminist viewpoint is an important starting point from which to reassess medical history because it focuses on different material and challenges dominant assumptions. In applying a theory which depicts the medical profession as representatives of patriarchal power oppressing women as victims of such power, medical history is still being judged from the view point of the political present. It is not analytically rigorous enough to just adopt this framework as a given. Rather we have to look at how the female body was identified in social relations in such a way that women did not have the same political choice as men. My quarrel is not with the political motivations of this approach but rather with the analytical model which, in the end, adopts the same view of the female body as medical science, only it reverses the notion of progress.

A second limitation is that though these histories emphasize that medicine is a product of social relations and is therefore challengeable as a body of thought, they do not move out of the conceptual framework of science as the source of the ultimate truth of physical reality. They fail to do this in two ways. First, there is an assumption that the reason why pre20th century medicine can be seen as socially determined or prejudiced is because of the lack of knowledge about how things 'really were'. This lack of knowledge allowed subjective cultural views to inform objective medical science. This view essentially accepts scientific knowledge as the only way of understanding the body and its health and disorders. The ignorance and prejudice of the medical profession could be removed if the medical profession changed its attitudes to the patients. Secondly, there is the attempt to disprove mistakes which medicine made in the past with the hindsight of present knowledge and feminist analysis. Hence particular techniques such as early gynaecological surgery become seen as tools of male oppression under the guise of scientific endeavour. My point here is that science is a historically specific practice which does not contain an 'ultimate truth'. Therefore, it is not analytically helpful to argue that medicine, whether through ignorance or prejudice, has veered from the truth, rather it is more useful to understand these practices from within their own framework as producing 'facts' which were recognised as 'truths' at a particular historical juncture. This historical specificity has to be analysed within its own context rather than being attached to a universal history of scientific achievement or oppression.

1.4 Foucault's Redefinition of the History of Medicine

As a consequence of my criticisms of traditional and woman orientated histories of medicine I have looked elsewhere for a new formulation of the history of medical knowledge. In this search I have found Foucault's work on knowledge/power a useful point from which to begin an analysis

of medicine and the concept of the female body. Foucault's work takes up the second area which challenges a traditional approach to the history of medicine - medicine as a product of social relations. Using Foucault's approach to history, I conceptualise medical practice and medical meaning as products of different social relations without ascribing priority to one set of relations (such as the intellectual, the economic or gender). Following Foucault I do not theorize medicine as an abstract ideology or mediator between capital and labour or as a tool of patriarchal relations. Indeed, I am concerned to work against the notion that underlying laws, either of science, economics or patriarchal relations, dictate the practice of medical knowledge. Although these sets of relations are important to historical analysis, they are limited in that they work with medical knowledge and the notion of the body as pregiven. In traditional histories, economically determinist and women orientated frameworks, medical knowledge is conceptualised either as a forerunner of modern medical concepts or as a reflection of particular social relations. The body is seen as a natural object of knowledge or a representation of social and political battles. In this framework the medical understanding of the body is separated out from other practices. Foucault's approach conceptualises medical knowledge not as a pregiven entity but rather as a specialised domain of clinical practices, the limits and contents of which are determined by wider, but not separate, social practices. In this context the body, far from being seen as a self-evident category, is theorized as a historically specific component of social relations. This understanding of medical knowledge gives a new formulation to the relationship between knowledge and power. In this section I elaborate this new formulation by defining key concepts in Foucault's study of power/knowledge.

The main terms I use are taken from Foucault's work (Foucault, 1975,1977,1978,1980,1981,1984a, 1984b) on the emergence of the clinic in the 18th century and the relationship between power and knowledge. Foucault's analysis sets out important reformulations for the analysis of modern medical knowledge. First, he looks at changes in 18th century medicine not so much as the beginnings of new scientific discoveries which lead to the truth of today's medical science, but rather as the emergence of a conceptual shift in the way of seeing the body. Secondly, he does not see this conceptual shift as an abstract area of knowledge but as integrally linked to a change in political and economic power.

The key terms Foucault uses to describe this first reformulation are the 'clinic' and the 'clinical gaze' (Foucault,1973:8-14,53-54) The term 'clinic' describes the establishment of modern medical practices based on the institution of the hospital, medical schools, examination of the patient and diagnosis based on empirical observation. The 'clinical gaze' is the means of interpreting the body, establishing its form and reality, in the language and assumptions of modern medicine and in the clinical techniques exercised upon the body. These medical practices established the discrete human body as an observable and analysable space.

In the clinic the body was understood as an observable object divorced from the subjective view of the patient. The doctor 'reads' the body as an object which can be detached from other

aspects of the patient's life and interpreted as a set of symptoms, diseases and states of physiological being. In this new medical domain there were techniques developed which produced a new way of describing the body and disease. The clinical examination pinpointed pathology in the interior of the body and used continuing detailed methods of penetration and examination to diagnose it. (Armstrong,1983: 2-5) The body became seen as a docile observable and manageable body, the object of the calculating gaze. The discrete entity of the modern medical body was constituted through new methods - the physical examination, case notes, observation (localising pathology to a distinct point in the body) and authority (regulating the patient's personal history from the first interview to the patient's placement in the neutral domain of the hospital). The most important aspect of Foucault's analysis is that this new knowledge of the body cannot be separated from modern practices of power which emerged in the 18th century. The establishment of the clinic was one domain in modern methods of power which constituted the modern individual. The establishment of the clinic was the

> opening up of the concrete individual, for the first time in Western history, to the language of rationality, that major event in the relationship of man to himself and of language to things.
> (Foucault,1975:xiv)

These power strategies focused on the body as something that could be subjected, used and transformed in the institution of the school, workshop, prison and hospital. The surveillance and discipline of these institutions established a 'political economy of the corporal in which time, detail and gesture were broken down into their component parts, analysed and reconstituted to exact from coordinated and disciplined bodies more than the sum of their separate contributions.' (Armstrong,1983:3) This process enabled the effective management of a docile workforce and in medicine it produced the body as an analysable and investigatable object.

This formulation of the body as an object of medical practice occurred on two levels. On an individual level the body became subject to the clinical gaze. On a social level, with the establishment of the hospital and dispensery there was a new network of medical social relationships; a medicalising of the social body. The extended medical gaze monitored the social body through the institution of medical care, state enquiries into public health, medical advice to government bodies, and the establishment of public hygiene movements. Foucault describes this as a 'medico-administrative knowledge' which began in the late 18th century concerned with 'society, its health and sickness, its condition of life, housing and habits'. The doctor became 'the first great adviser and expert ... in the art of ... observing, correcting and improving the social 'body' and maintaining it in a permanent state of health.' (Foucault,1984a:284) Medical practice became crucial in the intervention and management of biological issues such as reproduction, disease, work and pain.

In this schema the population as well as the individual is the subject of modern medical investigations. The emergence of modern power is based then, not only on a centralising political power in the form of the state, but also on the emergence of technologies of power directed to individuals, the population and social order. This modern regime of power, marking a new knowledge and a new concept of the body, Foucault labels 'biopolitics'. Within this modern regime the body is seen as the subject of a 'power over life', a form of power which fosters life along two different axes - the anatomo-politics of the human body and the biopolitics of the population. The subjugation of bodies (anatomo-politics) and the regulation of populations (biopolitics of the population) formed two different ways of seeing the modern body. Strategies such as surveillance in the prison, timetabling in schools, examinations in the clinic, centred on the body as a machine with

> its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls.
> (Foucault,1981:139)

Practices such as the collection of government statistics, state improvements in housing, roads, sewage, registration of births and deaths, public medical inspections, focused on

> the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity.
> (Foucault,1981:139)

Two other aspects of Foucault's analysis of the relationship between power and knowledge are important in the analysis of the role of medical practice, technologies and institutions. The first is the notion of discourse and the second is the topic of sexuality in relation to the individual and the population.

In Foucault's analysis (see Foucault, 1980b,1981,1982, 1984a, 1984b and Cousins and Hussain, 1984, Dreyfus and Rabinow, 1983, Lemert and Gillan,1982) discourse is the fundamental concept used to explain how knowledge is produced. Discourse, in this sense, means more than speech or language but is the systems of thought and practice which produce the possiblity of knowledge. Discursive formations can be analysed by looking at the types of rules that permit certain statements to be made: the rules which identify some statements as true or false; rules that permit the formulation of classifying systems; rules which permit individuals to be identified as authors; and rules which emerge when an object of discourse is transformed or modified. Discursive formations are not rules that individuals consciously follow but rather a system of

possibility or rules which provide the preconditions for the formation of statements. A further element of Foucault's formulation of discourse is that knowledge is not purely theoretical, but is conceived of as practice. This definition does not distinguish between ideas and actions, but rather knowledge is formulated by rules made recognisable in the practice of knowledge - in the clinical observations of the body which identify it as an analysable object of medical science.

Integral to Foucault's analysis of power/knowledge is the importance of sexuality. In analysing the specific discursive forms or strategies of biopower from the late 18th century onwards Foucault identifies sexuality as an important object of scientific analysis, administrative control and social concern. It was through sex that access was gained to the individual and social body. Sexuality emerged as the central element in strategies of power. Through the deployment of sexuality both the individual body and social body were observed, regulated and administered. In the 18th century in order to control and regulate the population, administrations instituted mechanisms of intervention in the sexual life of individuals. It became necessary for example, to analyse the birth rate, the age of marriage, the legitimate births, the precocity and frequency of sexual relations, the behaviour of unmarried people and the impact of contraceptive practices (Foucault,1984a:273-275). Sex became a political and economic concern involving the state and the individual.

In analysing biopolitical concerns in the 19th century Foucault identifies an important shift in discourses on sexuality, involving a separation of a medicine of sex from a medicine of the body. Foucault explains that during this period sexuality was separated from alliances of wealth and property exchanges expressed in the religious and legal obligations of marriage through sex becoming formulated as an individual matter involving hidden pleasures of the body. Foucault's discussion of this shift is a wide one which covers areas outside my interest. Relevant to my study are the strategies of power and knowledge which Foucault identifies as formulated around the sexuality of the female body. The strategy which most clearly concerns my work is the hysterization of the female body which Foucault argues produced the female body as saturated with sexuality. Through the knowledge gained in medicine the female body was identified,

> by reason of a pathology intrinsic to it; whereby ... it was placed in organic communication with the social body (whose regulated fecundity it was supposed to ensure).
>
> (Foucault,1981:104)

Foucault suggests that through medical discourses, the personal identity of the woman and future health of the population are combined in a bond of knowledge, power and the materiality of the body.

Another strategy in the deployment of sexuality with which my study is concerned is the socializing of procreative behaviour. In this strategy the Malthusian couple were given medical

and social responsibilities. In terms of the state, the couple now had a duty towards society; they had to protect it from pathogenic influences that a careless sexuality might have upon the population. Failure to monitor and control an individual's sexuality could endanger the health of both the family and the social body. In this sense the eugenics movement can be understood as a social practice which gave the technology of sex a formidable power and consequence. (Foucault,1981:119) Foucault explains that the cultural construction of sex as a biological instinct provided a connection between knowledge of the body and the practices of biopower. In this study of power, power is less a confrontation between two adversaries than a question of government.

I am interested in following through Foucault's analysis of power in two ways: first, in terms of an analysis of medicine having power over people's bodies, health, life and death. In my study I look at how power marks the individuality of the female body both at an anatomo-political level - the individual woman as an object of medical analysis and surveillance, the docile reproductive body - and at the level of biopolitics of the population - medicine's role in the surveillance, regulation and administration of the population through the notion of woman as propagator of the species. I look at how gynaecology and obstetrics helped utilize the female body for the production of a healthier society. I argue that through a series of medical practices, first instituted in the late 19th century, the biology of the female body was constituted as integral to the individual and to the social welfare of the state. Furthermore, within the rationality and practice of medical discourse woman was constituted as 'naturally' and unchallengeably a reproductive being. From this view point the operation of medical discourse had two effects. First, it made the female body a more effective reproductive mechanism - childbirth mortality decreased with the improvement of medical treatment, the diseases of women were treated more effectively and the health of the population more efficiently managed. Secondly, in this process, woman became medicalised as having a particular social utility which effectively enmeshed her in a whole field of power strategies which regulated and controlled the social body. These effects had the combined result of making medical discourse, because of its key role in defining biological reproduction, an important tactic in biopolitical concerns, and produced the notion of modern woman as a reproductive being, with important consequences for social and medical practices though defined as having a 'natural' or 'given' meaning.

The second issue with which my research is concerned is the separation of the medicalisation of sex from the medicalisation of the body and the consequent boundaries that this produced in gynaecological and obstetrical practice. In this part of the project I wish to challenge Foucault's analysis of the body in relation to women and of the deployment of sexuality in medical discourse. The questions that I wish to raise are: whether the sexual was separated out from the medical in the case of the female body; whether there was a necessary contradiction between the constitution of woman as nonsexual reproductive woman and the social and medical concern about the decline of the birth rate at the turn of the century; and what were the connections

between the notions of woman as womb, woman as pathological and woman as object of desire in late 19th century medical discourse?

This approach to medical history has a different understanding of knowledge and power than traditional medical histories. Power is defined in terms of a form or series of oppositions which pervade modern society rather than of a social group oppressing or exploiting another social group. The series of oppositions which are relevant to my work are those between medicine and the population and between administrations over the way people live. The oppositions in these power struggles are against the effects of power linked with knowledge, competence and academic/professional qualification. An analysis of these power relations looks at techniques of power from the view point of an internal rationality which applies itself to everyday life. The operation of these forms of power categorizes and marks individuality - it is the power which makes individual subjects of modern society. In this context the power of the modern state is not so much a form of domination or exploitation but a form of subjugation. I analyse medicine critically not because it is a product of capitalist relations or a tool of patriarchal oppression but because it accepted power over people's bodies, health, life and death in the wider social strategy of power over life.

1.5 Feminist Textual Analysis

Another dimension to my project is the analysis of the concept of the female body in medical texts. In this final section I look at the third challenge to positivist whig history by looking at the changing image of 'woman' as a medical subject. Although Foucault's analysis of power/knowledge focuses on the body and the workings of power in general, his work does not look in great detail at descriptions of the body at particular historical junctures, nor does he look at the issue of sexual difference. Taking up some of the issues raised by feminist critiques I argue that networks of modern power do not produce a gender free individuality. In contrast to Foucault, who, though acknowledging strategies such as the hysterization of women's bodies, fails to directly address the issue of gender, I look specifically at the constitution of the female body. I argue that the female body is not only a point of reference for general strategies of power but a point of reference for the concept of woman. Meaning is given to the female body by the interactions of different plays of power - such as the clinical examination and surveillance of the population's health - but these practices also differentiate the female body from the male body. The female body, in this sense, is a set of meanings in medical discourse marking modern women's individuality. This notion of the female body, then, allows us access to diverse meanings of women which are produced by social practices, one of which is medical practice.

In this section I move away from analyses of power at a general level to look at texts which explore how the female body is differentiated from the male body in medical language. I look at three texts which set out the changing meaning of the female body in medical knowledge. Jordanova (1980b) looks at how the female body represented a distinctive set of images in the

18th century; Le Doeuff (1981) looks both at the structuring of women's physical space as the realising of 18th century philosophical ideas and at the historical emergence of woman as a universal conceptual category; and Brown and Adam (1982) look at the different meanings of the female body in an analysis of how the female body is constituted in different feminist, medical and political discourses. These texts consciously problematize the scientific definition of woman. They open out the apparently closed notion of the female body as a scientific fact of medical observation. Their methodological approach to medical discourse gives access to a diverse range of meanings of the concept woman and, in conceptualising the medical text as a product of social relations, medical meaning is not separated out from other social meanings.

Jordanova explores the metaphors and symbols of 18th century medical and philosophical language by looking at how science and philosophy constituted the female body using medical language. Although Jordanova's underlying theoretical assumptions perhaps place her more properly in the earlier sections of feminist historians (the 'woman orientated' approach) her interest in the images of woman in medicine is an important contribution to the conceptualising of feminine difference. The main reservation I have about Jordanova's work is her concept of the body as an ideological representation of material conditions. She sees the 18th century as conflating dichotomies which she suggests should be seen as separate - for example, material/ideological, moral/physical. From this perspective she has two ways of seeing the body - the real 'natural' body and the description of it. Her discussion suggests that 18th century images of women are part of a complex ideological schema which is not the actual reality of the body. As I have outlined in previous sections, my methodology does not distinguish between practice and theory, so that I view the historical reality of the female body as produced by medical practice as a domain of social relations. There is no reality of the body which is external to social relations. Therefore, the female body is constituted in the metaphor and symbol of medical language, as well as in material tasks; the choice of language is one of the practices informing the clinical gaze.

Leaving these reservations to one side, what is useful in Jordanova's text for my methodology, is her focus on the female body as a subject of 18th century texts and her identification of 18th century medical metaphors of the female body. She argues that in the 18th century there was a distinct medical image of woman that emphasised women's difference because of their sensibility. The female body was seen as softer, more sensitive to the environment than men's. Softness was a metaphor at the base of physical and emotional explanations of the female body - from woman's periodic evacuations and habitual feeling of weakness to her need for men and customary infirmities. (Jordanova,1980b:48-9) Another metaphor or symbol of the female body was the breast. Jordanova argues that the breast was the visible sign of femininity. It signified both the nutritive and social function of woman as mother.

In her discussion of the concept of the female body Jordanova analyses medical language and practice as indicators of 18th century attitudes to women's social role and sexuality and of 18th

century philosophical understanding of woman's nature. In this sense, the medical understanding of the body is a product of social perceptions and cultural values. In her discussion of sexuality in the 18th century Jordanova argues that the 18th century medical practice of using wax models is not an antiquated prescientific curiosity but a practice which reveals meanings of women in the 18th century. It reveals how woman is at once a sexual, medical and natural object which can be opened and explored by medical science. Jordanova raises some interesting questions about the medical representations of women's passivity and medical penetration of the female body. She suggests that there are a number of contradictions operating between a series of dichotomies between men and women. Woman is at once passive as a medical subject and active in her capacity to give life. The doctor, as a man, is at once active in his penetration of the female body and inactive in his inability to give birth. The wax model is at the same time sexualized - with blonde tresses and pubic hair, referred to as Venus - and an inanimate tool of medical science. The doctor scientifically (objectively) observes and yet is exploring the representation of woman as an object of desire, a wax Venus. Jordanova also suggests a parallel link between feminists' outrage at vivisection and the medical attitude to the female body, again men penetrating while women wish to save life. These and other dichotomies she raises as illustrations of the diverse meanings of woman which define her gender in 18th century thought.

Apart from opening out medical texts to an analysis of meaning of the female body, Jordanova's text is useful because it breaks down the conceptual boundaries between the history of science, medicine and philosophy. Her observation that 'the breast caught the attention of 18th century medical practitioners who were concerned with moral philosophy and ethics' (Jordanova,1980b:49) is a useful parallel to my interest in 19th century gynaecologists' interest in the uterus and ovaries. It raises questions about how metaphors of the female body in medical texts relate to other social practices.

Le Doeuff (1981) analyses similar material to Jordanova but from a different theoretical approach. Her text focuses on the meaning of the female body in relation to philosophical notions of masculinity and femininity in medical thought. She explores one medical doctor's view of the female body as a way of understanding the sexism inherent in the scientific approach. There is a conceptual difference between Le Doeuff's approach and Jordanova's in that Le Doeuff does not conceptualise social or ideological views as mapped onto the natural biological body as an object of medical thought but rather sees no difference between ideological and scientific discourse. (Le Doeuff, 1981:61)

Le Doeuff looks in detail at how Roussel's work:

> realises (in the strongest sense of the word) his century's theoretical creations, he projects on to the female body the Enlightenment's conceptual products, and thereby invents a physiological image, an anatomical compendium of the new normativity.
> (Le Doeuff,1981:41)

In looking at the 'structuring of women's space' Le Doeuff analyses the production of a medical image as important in itself rather than as a reflection of other discourses.

Her focus is on the establishment of the feminine on physiological grounds. Like Jordanova she shows how the notion of softness is seen in 18th century medical thought as the essence of femininity. But she does not see this as a metaphor applied to a physical structure, instead she analyses it as a conceptual framework which structured a particular medical view of the female body. In this sense Roussel is seen as realising in women's body the philosophical ideas of his century. The importance that Le Doeuff ascribes to medical discourse is that medical 'facts' are invoked by other discourses as legitimating their view of women. Medical discourse verified 18th century philosophical concepts in the structuring of woman's physical space. In this reasoning, she does not separate out the medical from the social or philosophical but rather sees them as informing each other. She reads Roussel's concept of the female body as a physiological image which contains different philosophical and social meanings of woman.

Another important conceptual point that Le Doeuff makes is about the historisizing of the concept 'woman'. She notes, as does Jordanova, that whereas men are understood to have several temperaments women are seen as suffused by their femininity and defined as having one temperament. 'Women, in their monstrosity, are thus "all the same".' (Le Doeuff,1981:51) Le Doeuff adds to this observation that during the 18th century woman became a distinctive category with the introduction of the vote. With the failure to achieve voting rights for propertied women, women were amassed together in a political category based on physiology. Previously, Le Doeuff argues, woman's wealth, as much as her sex, was the defining feature of an individual. Therefore the 'treatment of women as a homogeneous and uniform category is relatively recent, in its systematic form at least.' (Le Doeuff,1981:52) Le Doeuff's argument is important because it historisizes the category of woman. It cuts through theory which posits woman as the universal other by suggesting that the notion of woman in each period contained specific meanings. In the same way as we recognize that the category of man is not universal in history, so too we should not see the notion of the feminine body, the eternal feminine, stretching across time.

Though beginning with a detailed study of 18th century thought, the period of time Le Doeuff explores is from the Enlightenment to the present day. Le Doeuff argues that the systematization of woman described in Roussel's work has become the dominant way of seeing women since the Enlightenment. She argues that woman's sex, symbolized by gestation, has defined women universally:

> Roussel's reflection truly forms a system: the male lives in relation to an exteriority and the consequence of sex is not, for him, a hegemonic one. The female is entirely ruled by an internal principle *and* unconnected to any physical or social milieu. Or again, there is no self-identical substance of 'man', because each man maintains an intense relation with his situation: man is a being "in situation", not an essence. On the contrary, there *is* a substantive, immanent essence of femininity.
>
> (Le Doeuff,1981:53)

In this statement Le Doeuff challenges the notion of 'woman' as a given or closed concept. 'Woman' is an historical notion like any other. It does not contain an essentially feminine being. Her analysis of Roussel opens out the concept of woman by refusing to see it as a self evident category and she suggests that notions such as the 'eternal feminine' or an ahistorical essence of woman is a way of thinking which emerged during the Enlightenment. She argues that this way of thinking (as exemplified in Roussel's text rather than his work being seen as causally influencing all social and political thought in France) has informed whole systems of division between men and women. For example the softness of women's anatomy and brain informs arguments about women's incapacity for theory and therefore inability to perform well in higher education and the 'hard' sciences. (Le Doeuff,1981:54-5)

Le Doeuff continues her discussion of medical language and mythologising of women by comparing the presentation and vocabulary of modern medical discourse with Roussel's structuring of the female body space. She argues that modern day embryological vocabulary 'bears the trace of this conventional opposition' between an inherent masculine and feminine:

> From its beginnings in foetal life, 'masculinity' is a thing of drama, conflict, struggle, danger, openness to influence, relation to an other, while 'femininity' is the tranquil, immobile unfolding of the inherent self-closure in the same.
>
> (Le Doeuff,1981:59)

Modern texts on the differences between men and women have the same 'imaginary schema' as Roussel's:

> woman enclosed in her interiorist cocoon, man with his relation to exteriority. Inherent, staying-always-close-to-itself, developing without external influence : the female embryo is already a housewife.
>
> (Le Doeuff,1981:60)

Le Doeuff's study raises some interesting questions about the hegemonic influence of sex for women. Her study opens out the historical questions of 18th century images of women to questions of modern attitudes to female physiology. She treats medical texts as products of the same reasoning and imagination as other discourses, and challenges the notion of woman as a concept which holds a universal meaning in different historical moments.

Brown and Adams (1982) also challenge the universality of concepts which are treated as transhistorical. Like Le Doeuff they challenge modern attitudes to medical science. Unlike both Jordanova and Le Doeuff their study is not an historical one but their approach never the less offers some important theoretical insights into the analysis of historical discursive formation. They challenge the concept of the female body that Le Doeuff identified in medical discourse from the

Enlightenment, by critically assessing modern feminist work which posits an essence of femininity in the appeal to the natural feminine body. In this work the female body is seen as the true representative of the feminine which has been thwarted and manipulated in patriarchal discourse. Brown and Adams attack the notion that there is an essential female body which has been silenced by social interactions. This is a complex debate which I do not wish to enter here. My reason for summarizing Brown and Adams' argument is to take up their theoretical claim that in modern feminist, political and social discourses the body tends to be conceptualised as existing outside the social domain. This concept allows the medical to lay claims to the true meaning of the body untainted by subjective knowledge. They argue that there is no pre-existing body, in this case the feminine body, which can be reclaimed once social prejudices have been stripped away. They further argue that in having recourse to this way of seeing, feminists are employing the same reasoning which, as Le Doeuff has pointed out, informs medical science's reasoning of women's essential difference and universality. In claiming women's body as fundamentally defined by its reproductive capacity feminists fail, as do scientists, to see the body, indeed nature, as a conceptual category. As a political strategy this leaves women still caught in the conceptual framework which maintains women's political and social inequality.

In their critique of the notion of the natural body both in feminist discourse (an account of which I will leave to one side) and in medical practice (on which I will focus), Brown and Adams make some important statements about the concept of the body. They reject both the notion of the natural and the 'contrasted notion of the social as deformation of the natural'. (Brown and Adams,1982:40) They argue that the natural is itself a particular construction which has different meanings in different contexts. Instead of accepting definitions of natural their analysis looks at how the natural is itself constructed in debates over the control of the female body. In addressing claims that women are alienated from their bodies by medical intervention, they argue that there is no natural body outside of social relations from which other notions of woman can be separated. The notion of the body is not an unattached concept which is distorted by a particular social context - such as medical advice about women's reproductive activity. Rather, the concept of the female body is constructed by different social practices. There are a series of medical practices which constitute meanings of the body which we recognize as medical. Brown and Adams cite a number of different practices which define the idea of the body as an 'object of scrutiny and quantitative assessment, as something which can be cut up and examined, whose diseases can be traced to germs or organic causes'. (Brown and Adams,1982:43) This way of seeing the body has a definite history (as Jordanova and Le Doeuff show in relation to metaphors of the female body in the 18th century) and this meaning of the body coexists with other meanings constituted across a range of discursive practices - such as the legal, the political, the religious. None of these meanings of the body add up to a knowledge of the body which is its true meaning, but rather each understanding of the body has meaning in its own context. The medical has no greater claims to truth than other meanings, but, because we assign priority to the

notion of natural, it appears to hold the dominant meaning of the body.

From this rationale it becomes difficult to argue that medical knowledge and practice is a repressive force which has captured the female body and denied woman an essential understanding of their bodies. Brown and Adams suggest that there is no necessary dichotomy between body, possession, control and non body, non possession, non control. There is no absolute power which correlates with absolute knowledge. In modern struggles over medical practices in order to establish a sense of control for women the strategy would not be to replace all male doctors by female ones, or to destroy all scientific medical technology but rather to disrupt the play of power functioning through the forms of medical organizations. Power is not asserted on women but rather is a product of different institutions and activities of social agents, women and non medical specialists are also participants in social interactions and as such already have some control. As a locus of power/knowledge the body is not a possession to be owned or captured by one group or another. There is no true body which can be salvaged once male medical views have been stripped away. The understanding of the body is not separable from the institutions which created it. In order to change medical attitudes and practice relating to the female body it is necessary to reorganize the medical institutions and practices themselves.

Brown and Adams' critique combines a feminist analysis of gender relations with a Foucauldian analysis of power and discourse. They specifically look at the gendered female body as a subject structured in networks of power/knowledge. Their work addresses modern discourses relating to the female body but their theoretical approach can be equally applied to an analysis of 19th century social institutions and practices.

1.6 Conclusion

My project, then, is to apply the insights of Foucault on power/knowledge and the approach of the last theorists on meanings of women to 19th century medical discourse. I focus specifically on medical texts produced in late 19th century Melbourne. In analysing this historical period I look at how new ways of seeing the female body emerged with the changing practices of gynaecology and obstetrics. My theoretical aim is to ask of the historical material the questions raised in this introduction. In the following summary I pinpoint the key questions which my analysis of histories of medicine suggests.

Although I dispute their theoretical basis, traditional histories of medicine do answer some important issues such as: what sort of techniques were developed during the 19th century which identified gynaecology and obstetrics as new and exciting disciplines? What techniques were disregarded as antiquated? How did these techniques define the object of examination, the female body? Was there a division between the sexual and physiological domain? What was seen as tabooed? What was seen as permissable in the quest for knowledge? How was the female body defined as needing medical attention? Was it defined as closer to ill health than the male body? Why was there need for a special branch of medicine to deal with women's reproductivity and

women's troubles? Was 'woman' a special pathological category in itself?

The histories which orientate themselves specifically to women's role in medical history raise another set of questions. The key ones with which my thesis are concerned are: how can we challenge the apparent truth of medical knowledge? What were the prejudices a predominantly male science had in relation to female subjects? What form did this prejudice take in relation to gender and class relations? How did the understanding of the female body, female health and illness relate to the social and political existence of women? Were women victims of a male science? These questions throw up the notion of medical knowledge as a microcosm of historical relations, but as I indicate above, fail to challenge the basic framework of empirical science.

A Foucauldian analysis allows us to challenge more firmly the theoretical framework which sees medicine as either progressive or oppressive. The body is theorized as an object of power rather than as a natural fact, but this power is not divorced from the knowledge which produced the concept on which the power is focused. The sets of questions Foucault's analysis allows us to ask are about the forms which this power/knowledge takes: how did medical discourse relating to the female body in late 19th century Melbourne operate? What were the medical practices which defined the female body as an object of medical knowledge? How did the clinical gaze define the female body in late 19th century medical practices? how did medical practices relate to the wider network of power strategies in biopolitical concerns? What were the wider strategies of biopower in late 19th century Melbourne? How did the notion of the individual and social body interact in the deployment of sexuality in medical discourse?

From the final section's analysis of meanings of the female body a further set of questions about sexual difference can be added to Foucault's analysis of medical discourse : how did the changing meaning of the female body in medical texts relate to other meanings of woman at an individual and social level? What metaphors informed the 19th century perception of the female body? What relevance did they have for women's social and political existence? Was there a notion of the eternal feminine operating in 19th century medical discourse? How did medical discourse naturalise social and political understandings of woman? What meanings of woman emerge from an opening out of 19th century medical texts on gynaecology and obstetrics?

In the following chapter I present the historical framework in which I ask these questions before returning to the second part of my methodological introduction which looks at how I theoretically analyse medical texts. This order of presentation allows me to present the texts as products of particular social relations before moving on to the second part of my introduction, which is a more abstract discussion of theories of reading.

2. Historical Context

2.1 Gynaecology and Obstetrics 1870 -1910

Chapter two is part of the first focus of my thesis - a redescription of the medicalising of the female body in late 19th century Melbourne. It presents the historical framework of my analysis of gynaecology and obstetrics by looking at the series of events which constituted the medical understanding of the female body in late 19th century Melbourne. The chapter takes up the methodological concerns of chapter one by looking not at the 'progress' of gynaecology and obstetrics but at the types of knowledge and practices which constituted the female body as a medical subject. I use a Foucauldian analysies of modern knowledge and practices to look at how the boundaries of gynaecological and obstetrical discourse were constituted in late 19th century Melbourne. I discuss gynaecological and obstetrical discursive practices in two ways. First, I look at the clinical and biopolitical concerns which focused on the female body. This discussion establishes what I mean by 'medical discourse relating to the female body' - ie which forms of medical knowledge my study takes as important in the conceptualising of woman as a special medical subject. Secondly, I look at the meanings of the gendered body and the social body which operated in the constitution of the female body in these forms of medical knowledge. This discussion shows how the physicality of the female body and the medical management of the population's health were informed by notions of gender and the social body.

Before moving on to a discussion of the clinical and biopolitical practices of late 19th century Melbourne in this introductory section I first explain my use of the term 'gynaecological and obstetrical' discourse. I define gynaecological and obstetrical discourse as the set of practices and understandings which in the late 19th century constituted the knowledge of the female body as a different physical entity from the male body needing special medical attention. The key words here are 'different physical entity'. In defining this difference the female body's reproductive system became the centre around which the medical understanding of woman pivoted. Female difference was situated as residing in the internal reproductive organs and associated with an inherent disorder of the female body. In this medicalising of the female body as a gynaecological and obstetrical subject woman possesses a different biological form which demands special medical attention. This form of medical knowledge was produced in 'the clinical domain'. The clinical domain being the practices developed in what we now call modern scientific medicine which centred on individual examination, diagnosis and therapy established in hospital and private practices. These practices established rules and codes which allowed medicine to claim a 'special truth' of the body. These practices were not just medical techniques but also the way in which this knowledge was organised - in hospital practices, specialised teaching, rules about who could enter medical practices. All of these professionalising practices produced a set of rules or code for possibilities of knowledge of the particular medical subject - the potential gynaecological and

obstetrical patient.

In the following sections I look at how the ~~the~~ professionalising of medicine developed in 19th century Melbourne with the institution of hospital teaching and clinical practices. How the doctor could claim 'the truth' of clinical practice in the development of the body as an object to be examined, surveyed and probed within a prescribed code of ethical and knowledgeable medical behaviour. In developing a special science of the female body in gynaecological and obstetrical clinical practices the possibility of knowledge of the female body was built on to: the notion of woman as a potentially disordered subject; to women's reproductive organs as the site of disorder; and to woman's physical existence requiring a different medical knowledge from that needed by the male body. In this process gynaecological and obstetrical knowledge defined the female reproductive existence as a new medical field.

At a second level the development of this new medical field was part of the professionalising of medicine, part of the biopolitical governmental activities. My point here is that the development of a new medical field which defined the medicalised physicality of the female body cannot be isolated from wider medical concerns. The interest in the female body's reproductive organs was not just at the level of the workings of the individual body but also at the level of the population's health and reproductive capacity. Gynaecology and obstetrical practices focused on the body from beyond its physicality to its representation of the social health and growth of the population. This understanding of the body as the representation of the social operated in two ways. One theoretical where the term 'body' signifies 'social meanings' which in the 19th century were of evolution, national resources, racial and national identity. And the second, which could be described as 'practical', where the ~~the~~ doctors were the administers and managers of the public's health and the 'patient' was the social body. The reproductive female body, in this last context, represented racial and social procreative potential.

In this theorising of medical practices I argue that gynaecological and obstetrical discourses operated in the clinical domain to produce a series of meanings of the female body which constituted the reproductive body at both a physical and social level. The clinic served both as a therapeutic instrument for patients and as the means to more effective promotion of the population's health as a whole. In this theorization I am concerned not with the 'truth' of obstetrical and gynaecological discourse, or the particular place of these medical men in the progress and social status of medical science, but rather with the formation, evidence and ways of verification of the concept of the female body as a medical subject. This concept of clinical knowledge can be theorized further by looking at the theories of biopolitics and gender.

In utilising biopolitics as a conceptual tool, I argue that the professionalising practices of 19th century medicine cannot be divorced from the organisation of the 'politics of health', the consideration of disease as a political and economic problem. According to Foucault's analysis (Foucault,1984a) the importance of the health and physical well being of the population from the 18th century onwards, became an essential objective of political power. In the modern regime of

power a different power apparatus was produced to take charge of bodies, 'to contain them', to 'ensure their own good health'(Foucault 1984a). This 'technology of the population' constituted the body of individuals and the body of populations as the bearer of a utilisable biology which was amenable to profitable investment. In this development the biological traits of a population became relevant facts for economic management. This process gave medicine, as the priviledged intervener in private and public health, an increasingly important place in the administrative system and machinery of power. The clinical domain was an important site of social power - the point of support and point of departure for the great medical inquiries into the health of the population of the 19th century which served to govern and manage modern social bodies. In these enquiries a 'medico-administrative' knowledge developed concerning society, its health and sickness, its conditions of life, housing, habits, a knowledge which served as the basic core for the 'social economy'. (Foucault, 1984a:283) This 'politico-medical' knowledge related not only to disease but to general forms of behaviour. Evidence of the extent of this 'biopolitical' power in late 19th century Melbourne was the increasing presence of doctors in the academic and learned societies, the substantial medical participation in government inquiries, and the organisation of medical societies officially charged with administrative responsibilities.

Adopting the concept of biopolitics allows us to see how medical discourse, has wider power effects than just those produced in clinical practice. In my study of the special medical knowledge of the female body I look at gynaecological and obstetrical concerns not only in relation to the 'pursuit of knowledge' but also in relation to the questions and issues raised by the medico-political management of the population's health and growth. The needs of hygiene and the growth of the race made the female body a particular subject of medical concern. Gynaecology and obstetrics, then, were part of biopolitical concerns in the government of the social body and part of 19th century knowledge of the female body. This latter concern raises a second area ~~of~~ relating to medicine and gender, an area which has so far been under theorised in this discussion. In raising the issue of 19th century knowledge of the female body as opposed to the 'social' body, or the 'male' or the 'gender neutral' body I wish to raise the question of gender. That is, how can we theorise the notion of gender in relation to 19th century social and medical knowledge of the reproductive body. In part answer to this question, one which my whole thesis addresses, I utilise another theoretical approach - that of literary 'readings'. In this theory the subject has meaning which is informed by more than one discourse, in fact though our understanding of the female body, appears to offer a simple meaning of 'body with uterus' immediately we start to try and define its physicality the simplicity slips away and we instead see a range of meanings which do not remain fixed but shift according to different emphases of time, political and intellectual understanding. My task here is to explain what I see as the major meanings of the female body in the historically specific juncture of late 19th century Melbourne obstetrical and gynaecological discourse. These discourses, attempt to produce the meaning of the female body as predominantly that of 'body with uterus'. For the moment I remain with that

meaning, equating the gendered female body as the reproductive body as it was constituted in gynaecological and obstetrical practice in order to establish what form of medical practices operated in late 19th century Melbourne. My argument is that the reproductive body, on both an individual and social level in the 19th century had resonances of meaning which can be identified in other social discourses, specifically evolutionary and eugenic discourses and feminist debates concerned with women's racial and political role. These discourses were important in the understanding of medicine's role in the effective political and social management of the population. In this sense, the notion of the individual female body and its functioning in the social body was invested with knowledge/power as an agent of the transformation of human life. Gynaecology and obstetrics could isolate certain anomalies of femaleness, of reproductive potential and correct them through its technologies which were seen as having an important effect in the evolutionary and racial role of woman in social progress. The concept of gender, in this process allows for assumptions about woman as mother, as nurturer of the race to become naturalised in medical explanations of women's biology and women's function in the management of public health. The social evolutionary and feminist debates on woman as representative of the health and growth of the race invested the reproductive medical subject with an importance which at once subjugated the female patient in modern power relations and identified the modern female subject as the reproductive body.[1] Gender, in this interplay of power/knowledge links the biological and social perception of woman to the naturalising of the medical scientific 'truth' of female physicality.

These theoretical concerns are explored in the following five sections which look at gynaecological and obstetrical discourse in the historical context of late 19th century Melbourne.

Section two sets out the specific historical situation by looking at the general development of scientific medical practices in late 19th century Melbourne. Section three looks at how gynaecology and obstetrics developed as special fields of medical knowledge during this period. The fourth section looks at how the female body was defined as an object of knowledge in gynaecology and obstetrics and at the changing descriptions of the female body in the medical gaze. The fifth and sixth sections take up the issue of how social concerns were medicalised by looking, in section four, at the areas where doctors played a crucial role in the administration and management of social life, and, in section six, at debates which focused on women's health and reproductivity as social issues.

2.2 The Medical Profession in late 19th century Melbourne

In this section I look at how the clinical domain was established in late 19th century Melbourne. I outline the professionalising tactics which established the rules of regulation for scientific medicine in order to help answer the questions - how did the medical profession

[1] This is complex interaction which is discussed more fully in later chapters. The point here is that power/knowledge is integrally linked in the definition of the gendered female body.

establish their rights to practice? How did scientific medicine establish economic and social power? And through what institutions did the medical profession signal its knowledge and competence? In the following survey I outline the major practices which characterised late 19th century clinical medicine - the institutions of hospitals and specialised medical schools, the lobbying for legislation and the establisment of wealthy private practices, the formation of professional associations, and the establishment of communication networks through intercolonial congresses and medical journals.

The Melbourne medical community was centred around large public hospitals which were mainly available for the poor unable to afford private doctors' fees. These hospitals, the Royal Melbourne, Royal Alfred, Homeopathic, Royal Women's and Children's Eye and Ear were teaching and experimental clinics run by boards of governors, established social figures and doctors who held honorary appointments. The university, where a medical faculty was established in 1862, seven years after the University's founding (Russell,1948), was another influential centre. Teaching posts enabled doctors to implement different theories in the hospitals attached to the university. Most leading doctors practicing at the hospital and university also had private practices in East Melbourne and Collins St. (Melbourne's equivalent to London's Harley St.). (Davison,1979:95-113) A majority of these doctors were trained in Scottish and English Universities (see Dyason,1983:figs 21,28; Davison, 1979:99) but by the end of the 19th century locally trained graduates were also influential members of the establishment.

The mechanisms of professionalising were established through legal battles to restrict the registration of doctors. Scientific medical practitioners differentiated themselves from homeopaths, chemists, travelling salesmen and clairvoyants through a series of Acts of Parliament passed between 1870 and 1906 (see Dyason, 1984). These Acts restricted medical practice to those men who had the economic and social ability to attend recognised Scottish, British, European and Australian universities and hospitals. In order to lobby for legal and state recognition professional associations were formed to promote the social and economic interests of the profession. The Medical Society of Victoria was established in 1856, and the Victorian Branch of the British Medical Association in 1879. The Medical Society saw itself as maintaining the academic interests of the scientific community while the British Medical Society looked after general medical interests. (Willis, 1983:72; Pensabene,1980:104-5) In the 1890s the Melbourne Medical Association was formed to promote the 'social position of medical life' (Woods,1906:12) and the Medical Defense Association was established to secure political and legislative advancement for doctors. (Pensabene,1980:52) Academic communication and the public display of medical knowledge and competence were also established in Intercolonial Congresses. These congresses began in 1887, signifying professional importance and influence, with receptions in City Town Halls and Governers attending celebrations. The transactions of the congresses were published in the medical journals. Medical journals were monthly publications which recorded medical society meetings and also published clinical findings and hospital reports. Established in 1856, the

Australian Medical Journal was the official publication of the Medical Society of Victoria. (Woods,1906:13) It was the only medical journal in Australia to be produced throughout the 19th century and it was seen as reflecting the views of 'the more influential and successful practitioners of Collins St., the University and Melbourne hospitals' (Gandevia,1952:185). There were rivals to the **Australian Medical Journal** - **The Medical Record Australia** (1861-3), **The Melbourne Medical Record** (1875-7) and **The Australian Medical Gazette** (1871-3). The only other successful medical journal in Australia was the **Australian Medical Gazette** (1881-1914), the journal of the British Medical Association .

Having given a brief outline of the institution of professional qualifications of the Melbourne medical profession, I now wish to look at the practices which developed around the medical understanding of the female body.

2.3 The Development of Gynaecology and Obstetrics

This section is divided into two parts. The first outlines the professional qualifications of gynaecologists and obstetricians in late 19th century Melbourne and the second looks at how these doctors established their competence as medical practitioners through the clinical techniques developed in the scientific medical understanding of the female body.

2.3.1 Professional Qualifications

Gynaecology and obstetrics were instituted as medical practices in the 1860s and 1870s. They were first taught in the Melbourne Medical School from 1865 (Forster, 1966:100) and the first lecturer in the field was appointed in 1864. Articles on obstetrics and 'diseases peculiar to women' were published from the late 1860s onwards in the **Australian Medical Journal**. The Royal Women's Hospital, 'for long the sole special representative of these departments in the whole of Australia', was established in 1856 along with the provision of lying-in wards in other hospitals and, in the 1870s, of out-patient's clinics for gynaecology (these clinics were integrated into the wards during the 1880s. The Queen Victoria, another women's hospital was established by women doctors in 1896. (Rothwell Adam,1906:20)

The doctors who were involved in establishing gynaecology and obstetrics were the university lecturers and men who held honorary hospital posts. In reviewing the establishment of gynaecology and obstetrics in late 19th century Melbourne in 1906, Rothwell Adam, holder of the chair of obstetrics and gynaecology, acknowledged Tracy, Martin, Jamieson and Balls Headley as the leaders of the 'ever-fertile field of female special ailments'. O'Sullivan,as president of the Medical Society of Victoria in 1899, paid tribute to Balls Headley, Foreman, Chambers and Tracy as the 'pioneers of gynaecological progress'. (O'Sullivan,1899:546) These men were involved in establishing gynaecology and obstetrics as specialist medical practices in their hospital work, private practices and publications.

Tracy was the first lecturer in Obstetrics and Diseases of Women at Melbourne University. He was trained in Dublin, arriving in Australia in 1851. He set up a large private practice, co-founded the first lying-in hospital in Melbourne and performed the first successful series of ovariotomies (removal of ovaries) from 1864-1873. (Rothwell Adam,1906:20;Forster,1966:104; Forster,1984:119) Martin, the top student in the first Melbourne University examination of gynaecology and obstetrics replaced Tracy in 1873. On his early death he was replaced by Jamieson, a graduate of Glasgow and Melbourne Universities. Jamieson was an active member of the Medical Faculty of Melbourne University, honorary physician to the Royal Prince Alfred Hospital, editor of the Australian Medical Journal from 1883 and lecturer in Medicine from 1887. (Forster,1966:107) Balls Headley, graduate of Cambridge University, moved to Melbourne 1875, where he practiced at Collins St, and was physician to the Alfred and Women's Hospitals. He succeeded Jamieson to the chair of gynaecology and obstetrics in 1887, introducing a new range of surgical techniques to Australian medicine. He had an international standing, travelling to congresses overseas, including the International Medical Congress in Washington in 1887, and held the position of vice President of the British Gynaecological Medicine Conference (1894) In Melbourne he presided over the Medical Society of Victoria in 1889 and 1892 and the Intercolonial Medical Congress in 1892. His book the **Evolution of Diseases of Women**(1894), was the first gynaecological work in Australia and brought him recognition in the overseas medical world. He was invited to write the chapter on ' The Etiology of the Diseases of the Female Genital Organs' in the authorative **A System of Gynaecology** (1896) edited by Allbutt and Playfair[2] The review of Balls Headley's book published in the **Australian Medical Gazette** (1894) claimed that:

> This is the most important medical work which has so far proceeded from the pen of an Australian physician. While it does not pretend to be a complete text book of gynaecology, yet in so much as the sections on treatment are full and valuable, it must be held to cover a much wider field than might be inferred from its title. Giving, as it were, a bird's eye view of the causation of disease in women and characterized by an originality and philosophic breadth of view not to be found in an equal degree in any other gynaecology with which we are acquainted, it is in our opinion calculated to give the student a clearer insight into, perhaps, the most difficult branch of medical practice than any other single work on the subject.
>
> (quoted in Forster,1966:113)

Balls Headley developed the surgical side of gynaecology with forays into what Forster, in 1966, labelled 'psychosomatic gynaecology'.(Forster,1966:114) His successor Rothwell Adam,

---

[2] Allbutt was Regius Professor of Physiology at University of London and Playfair was Professor of Obstetrics and Medicine at Kings College London. Playfair's **The Science and Practice of Midwifery** was the standard text book on the subject from 1876-1899. (Forster,1966:111)

received his MB at Melbourne, MD at Edinburgh, practised in East Melbourne from 1879.During the 1880s he unsuccesfully tried to set up a gynaecological ward at Alfred's and moved to the Women's Hospital in 1885. His work focused more on obstetrics than on gynaecology. Rothwell Adam emphasised new teaching modes and the ethics of the practice of gynaecology and obstetrics. Rothwell Adam's major concern was with obstetrical surgery. He introduced new techniques for menstrual disorders and operations for difficult births such as symphysiotomy. (Forster,1966:163;Rothwell Adam,1906:22)

Other prominent Victorian gynaecologists during the late 19th century and early 20th century included O'Sullivan, a prominent Catholic doctor in the population debates (see Hicks,1976:48-9) and an active practitioner of plastic and gynaecological operations; Rowan, who studied under Lister at Edinburgh and worked at the Women's Hospital with Balls Headley on plastic surgery (Rothwell Adam, 1906:23); and Fetherston, graduate of Edinburgh and Melbourne, resident medical officer at the Women's Hosptial, who set up a series of lectures on maternal welfare. These lectures were described as

> especially interested in the well-being of childbearing women, not only as a practicing obstetrician and gynaecologist, but also as a far-seeing humanitarian and social biologist. As medical practitioner he was concerned with the trials and tribulations of individual patients; as legislator, councillor and administrator, he was no less concerned with the health needs of the population as a whole.
> (Fowler,1951:69)

Another prominent gynaecologist was Meyer, graduate of Melbourne who was the first Australian born lecturer in Obstetrics and Diseases of Women, succeeding Rothwell Adam in 1914. He was a founding fellow of Royal Australian College of Surgeons, president of the British Medical Society in 1894, and Victorian representative of the International Medical Congress in Rome, 1893. Springthorpe was another doctor who was an influential member of the medical profession and who contributed to the understanding of the female body. He was lecturer in Therapeutics, Dietetics and Hygiene, practiced in Collins St from 1884 and held various important positions at Intercolonial Medical Congresses, was president of the B.M.A in 1891 and the Melbourne Medical Association in 1900, and was Victorian editor of the Australian Medical Gazette.

From these brief professional biographies we can see the major ways in which gynaecologists and obstetricians gained professional recognition were through practicing in public hospitals, teaching at universities, publishing in journals, actively participating in medical associations and engaging in areas of public interest. Through these mechanisms the disciplines established themselves as scientific medical practices rather than just 'male midwifery'. Integral to this process was the establishment of the doctors competence and ability to undertand the female body.

2.3.2 Competence and knowledge

During this period there was a shift in the confidence and competence of gynaecology and obstetrics. There was a shift from seeing the pregnant female body as a taboo area, with the male doctor only called in times of emergency, to seeing pregnancy as no longer just a 'physiological process' but within the 'fighting lines of medical practice'. (Rothwell Adam,1911:633) Medical journal articles record the change in confidence with the gradual growth of 'careful and accurate knowledge'. (Rothwell Adam,1911:633) The clinical practices which allowed doctors to claim expertise and knowledge of the female body were based on surgical techniques and the regulation of the reproductive body.

During this period clinical techniques established ways of observing the female body, marking a conceptual shift which opened up the female body to the language of medicine. Surgical and antiseptic techniques produced a new emphasis on abdominal surgery and greater medical surveillance. Gynaecology and obsterics, as forerunners of experimental abdominal surgery, situated themselves as part of the the triumphal progress of modern medicine.

In the following review I look at the clinical techniques which produced the female body as an object of medical enquiry. I look at how gynaecology defined itself and its subject through the study of the 'female reproductive organs in all phases, anatomy, physiology and pathology' and obstetrics defined itself as concerned with 'the most important event in a woman's life' an event which informs 'every decision in the treatment of a woman before menopause'. (Fletcher Shaw,1947:288)

Early case histories published in the Australian Medical Journal record the struggle to control the extreme disorders of the reproductive system. They describe a 'trial of remedies' (Clutterbuck,1870:24) and a sense of helplessness as doctors struggle to fix the displacement of the uterus or haemorrhaging from a difficult delivery. (Jamieson,1879:298) In the later texts, details of individual case histories recording experimental procedures and new complications were replaced by reports on series of cases which were statistically analyzed to produce guidelines on how to proceed in operations and hospital deliveries. In these reports the female body was constituted as a medically manageable body. From the early uncertainity about the propriety of male doctors treating female patients, by the end of the 'era' gynaecologists and obstetricians were confidently handling the uterine cavity, arguing for medical surveillance in normal pregnancies, performing caesarians and hysterectomies and seeing their specialism as crucial for the health of women and the race. The female body was a known entity, able to be opened, its reproductive organs removed and vital processes such as menstruation and pregnancy medically controlled and assisted. The medical knowledge of the female body was organized as a recognized specialism which differentiated the female body from the male body as needing particular medical attention.

2.3.3 Obstetrical techniques

Obstetrics was established as a part of the medical canon before gynaecology. Texts in the 1860s and early 1870s record only treatment of difficult pregnancies. This suggests that pregnancy was seen as normally outside of the clinical medical gaze. The early medical approach was to deliver the child as quickly as possible to avoid puerperal sepsis and to remove all matter from the womb. 'Active ' treatments involved doses of bromide and potassium, leeching, opium, calomel, ice and injections of Condy's fluid. The patient was nourished with beef tea and champagne. (Avent,1870; Martin,1873 ;Clutterbuck,1870) The emphasis was on mechanically removing the child and lowering the body heat to reduce inflammation and septic disease. Different tactics were employed to rupture unyielding membranes - the doctor's greased finger nail, probes and long hair pins.(Haig,1870; Heily,1871) Forceps were applied at late stages of protracted deliveries, and craniotomy, a technique which crushed the foetal head with special utensils and removed the remains with a hook,(Jakins,1882) was used in a final emergency.

With the introduction of Listerism in the 1880s the emphasis changed from medical treatment as a last measure to medical supervision as a hygenic and ordered procedure with the emphasis on precaution rather than last minute action. Normal, as well as difficult parturition became the subject of case studies. Medical studies outlined the clinical treatment a woman would receive in a hospital delivery: predelivery treatment included a bath, an enema, antiseptic injection to flush out the vagina, external parts washed with solution of corrosive sublimate; delivery techniques involved the uterine contractions being followed by a hand on the abdomen, and the uterus grasped for twenty minutes after the birth; post partum treatment included washing the external genitals with corrosive solution, leeching and irrigating the uterus if anything remained in the uterine cavity. The major concern was to avoid puerperal fever. The woman was therefore kept in a single ward for three to four days. (Anderson,1888)

In the 1890s and 1900s antisepsis played an important part in labour procedures. Vaginal douches were discarded as introducing unnecessary infection into the uterus. The emphasis was on hygenic precautions and careful control of the procedure by doctors. (Sandford Jackson,1896)Doctors began to argue that all deliveries should be under medical care.

> [S]trict antiseptic midwifery ... is applied ... in the great mass of midwifery attended in private houses ...| The life of a woman is now safer in the hospital than in her own home ... And it is only when we deal with a woman in labour as with an important case of surgical operation, with a special tendency to septic troubles, that we can be certain of our results.
> (Way,1896:320 - 321)

Texts published in the late 19th and early 20th century argued that the 'border line between what is physiological and what is pathological' is very close and therefore every pregnancy should be scrutinized. (Rothwell Adam,1911:350) In an outline of birth procedures it was

recommended that the doctor should prepare for labour by scrupulously changing clothes, washing instruments, making only careful and necessary vaginal examinations, the patient should be washed and dusted with idoform before and after delivery. (Dunbar Hooper,1901:447) Mechanical interference in labour increased as pregnancy became medically routinized. In 1871 Martin was concerned that forceps were being used 'rightly' only in emergency, Knaggs in 1881 had 66 forceps out of 660 deliveries, (10%) Walsh reports 193 forcep deliveries in 1000 cases in 1901(19.3%) and Cowen in 1902 claims a conservative use of forceps as 108 out of 780 (12.25%) deliveries.

By the turn of the century the female body was seen as a fully understandable medical object, with the doctor in charge of pregnancy through a series of cautionary procedures, including mechanical techniques for relief of pain and controlled delivery.

In difficult deliveries, the operative procedure no longer involved hastily applied forceps or craniotomy. This was 'now universally condemned' as an unscientific procedure. (Worrall,1902) Caesarians, removal of child by abdominal surgery, and symphysiotomies (the division of the pelvic joint to allow the foetal head to be delivered) replaced craniotomy. (Dunbar Hooper,1898;Rothwell Adam,1910) Caesarians were first performed in the 1880s with a reported mortality rate of 81.3%(Worrall,1902:368) but this had decreased with the improvement of techniques and antiseptic precautions to 8% in the 1900s.

2.3.4 Gynaecological techniques

Many gynaecological techniques were developed to repair injuries from childbirth, since 'so many of the ailments of women are caused by mechanical troubles generally originating in childbed.'(Foreman,1887:173) Operations for lacerated cervix and curettes for removal of material left after childbirth were introduced as obstetrical and gynaecological procedures in the 1880s and 1890s. Emmett's operation for laceration of the cervix replaced earlier internal applications, leechings, massages, caustics and potions on the os uteri. (Fitzgerald, 1887; Batchelor,1885; Balls Headley,1882; Meyer,1889) Operative treatment was designed to repair lacerations and enable subsequent pregnancies. It was performed routinely in the 1880s and 1890s (Balls Headley,1879,1882;Jamieson,1884; Nyulsey,1894; Featherstone,1893; O'Sullivan,1899) Curettes to remove the placenta replaced treatments based on external applications and removal with fingers. (Rothwell Adam,1898) The uterus was dilated, scraped and flushed out. (Jamieson,1884 ; Dunbar Hooper,1898 ;Rothwell Adam,1898)

Uterine misplacements which lead to discomfort, loss of bladder control and difficult labours were a source of great concern in early gynaecology. The early treatments were physical manipulations to reduce size of the uterus, (Haig,1870) and then mechanical support with pessaries. There was a large range of pessaries made from a variety of materials - rubber, metal, wood, and glass - which were fitted over a period of months and worn internally for months, even years, with occasional removal for cleaning. (Jakins,1882; Balls Headley,1879) Most pessaries were designed to support the uterus from inside the vagina but some were designed to

be worn inside the uterus. The latter devices were used less frequently because of the danger involved - glass pessaries could break and the patient was unable to remove them herself.(Fetherston,1880; Hewitt,1881;Jamieson,1883; Murray Moore,1884; Chambers,1885) The mechanical treatment of pessaries was combined with, and then replaced by, operations on the uterine ligaments. 'Plastic operations' for uterine displacements and appendages were developed in 1882: (Gardener,1884:96)

> Procidentia uteri, up to a few years ago, was the opprobrium of gynaecology. All sorts of operations were devised for its cure, and many surgeons exercised their ingenuity in planning differently-shaped denudations of the vagina; until finally ... [t]he vagina was, in fact, obliterated.
>
> (Worrall,1902:368)

As different lesions were discovered, the original 'Alexander Adams ' operation was adapted. Pessaries were seen as 'crutches' that introduced infection and discomfort. The development of plastic operations meant that a woman was no longer 'condemned for the term of her generative life to wear a foreign body in her vagina'. (Rothwell Adam,1903:174)

Plastic operations were seen as minor surgery. Radical surgery, labelled radical because it involved removal of the organs, was seen as the most innovative practice which gynaecology claimed differentiated it as a modern scientific medical practice. Once the 'peritoneal cavity had been demonstrated to be so tolerant of manipulation' (Batchelor,1887:630) operations were developed for removal of diseased reproductive organs.

Gynaecology became 'the pioneer in the forest of abdominal surgery', (Bryne,1905:531) a trend criticised by some as over enthusiasm due to the increased confidence in 'handling the uterine cavity and the increase in our armamentarium'. (Rothwell Adam,1898:167)

Radical operations established gynaecology as a specialism in its own right. (O'Sullivan,1899:374; Worrall,1902:373) One operation which was developed in the late 19th century was laparotomy performed for the removal of diseased fallopian tubes, cancerous growths and damaged uterine appendages. The first hysterectomy was performed in 1884.(Stirling,1884).[3]

The opening of the abdomen and the success at removing the internal organs built up a new understanding of the pathology and anatomy of the female body. The practice now had tools, 'armamentarium', and 'language' with which to understand the 'grammar' of the body. (O'Sullivan,1899:377) Surgery became the 'virile and aggressive but somewhat kind master' of gynaecological practice. (Bryne,1905:521) The metaphoric descriptions suggest that the body is read as a text which the doctor has the knowledge to understand. Operative procedures, though extreme, (and it is interesting that the phrase 'virile and aggressive' is used, suggestive of a

[3] Other examples of pioneering radical operations are cited in Balls Headley,1886,1888;Duncan, 1888,1891; Rothwell Adam, 1891,1896,1899;Bird,1892; Ruddall,1893;Dunbar Hooper,1898; Herring,1905.

sexual conquering) are justifiable procedures through the constitution of disease as a process which only medicine can understand. The clinical gaze is directed to the abdomen where an endless series of disorders were discovered. Surgical interference was seen as rescuing the 'wan, pallid woman' from 'all the discomforts of an invalid's life'. (Bryne,1980:522)

Ovariotomy (removal of one or more of the ovaries) was seen as heralding the 'commencement of what may be fairly termed the gynaecological epoch'. (Foreman,1887:169) It was first performed in Australia in the 1860s (Halford, 1871 ;Tracy,1874 ;Martin,1871) for a range of reproductive disorders including hysteria, amenorrhoea, ovaralgia, occlusion of the vagina and cancer. (de Zouche,1881) (see Forster (1984) and glossary of terms) The operation lost support in the 1890s when the ovaries were recognized as important in the maintenance of women's health. (Chapman,1901:173) Ovariotomy was the pioneering abdominal operation:

> [T]he success attending ovariotomy has not only advanced gynaecology, but has given such confidence to surgeons generally that the opening of the peritoneal cavity is not the terrible peril which until this experience had been gained, it was always supposed to be.
> (Foreman,1887:170)

The confidence gained led to a strong advocacy of abdominal surgery.

> There is not an organ in the abdomen that has not been attacked, and successfully.
> (Foreman,1887:170)
>
> [G]ynaecology has made the most striking and wonderful advances ... [A] new era of operative work has arisen, the brilliance of which has fairly astonished and bewildered, not only the laity, but the profession itself. Operations and new modifications and improved methods have followed one another... Gone with the old pathology ... is the do-nothing dilettante treatment by rest, general improvement of the system, and local applications.
> (Way,1896:321 - 323)

2.3.5 Gynaecological operations for nervous disorders

Gynaecological operations were also used for nervous disorders. Such operations were first performed in Australia in the 1880s, although there is little evidence that they were performed with the zeal noted in America's 'illustrious' surgical practices. (Extracts,1885:35; Extracts,1880:423)

The first ovariotomy performed for nervous disorders, also called Battey's operation was recorded in 1879. This operation was designed to 'produce vascular and nervous revolution in the system which attends upon the change of life' (deZouche,1881:155) and was ' performed with success' for hystero-epilepsy, intolerable ovaralgia, threatened insanity, violent menstro-mania'.

(deZouche,1881:155) Operations were also performed on the uterus to rectify hysterical symptoms. Balls Headley performed Emmet's operations on a patient of 'a highly hysterical nature' and in another case study he describes lacerating the os uteri to restore sanity in a case of puerperal mania. (Balls Headley,1881:265;1886a:492)

Gynaecological operations for nervous disorders were questioned throughout the period. Springthorpe argued in 1889 that the treatment of female nervous disorders was 'far too commonly local, and confined to operative means'. (Springthorpe,1889:210) The female body's nervous system as a whole should be attended to rather than seeing the particular sensitivity of the reproductive system as the cause of the disorder. By the 1890s 'artifical menopause was generally seen as an extreme measure to restore sanity. (Foreman,1887:175; Rothwell Adam,1894:126)

2.3.6 Summary

By the turn of the century gynaecology had established its subject. The whole female body had become 'exposed to the light of medical science'. The 'skill in gynaecological diagnosis', 'sound understanding of the rational cause of disease' was built on a 'sure foundation of accurate observation, patient inquiry and logical deduction' that 'forearmed' the doctor with a knowledge of the female body. (Rothwell Adam,1911:634) Obstetrics and gynaeocology established themselves as special branches of science by developing a series of techniques which made the female body a particular object of medical attention. In the next section I examine how the female body was conceptualised as an object of medical knowledge in this changing view of the medical gaze.

2.4 The Female Body as an Object of Medical Knowledge

In this section I look at how changing techniques produced a new concept of the female body as an object of the calculating gaze. As the female body was made knowable to the eyes, hands and instruments of the doctor, there were shifts in the perception of the female body. These shifts occured in three areas. First, with the influence of bacteriology there was a change in the understanding of the etiology of diseases of the reproductive system. There was a shift from describing the disorders as variations in the appearance of the body's organic structure to an etiology based on theories of germ invasion and infection. Secondly, the new surgical innovations allowed the opening up of the abdominal cavity. This led to an intense interest in the uterine cavity and a shift from seeing the internal space of the female body as something not to be handled to a confident removal of reproductive organ as potential sources of infection and disorder. The third focus of this shift was a change in the general perception of the patient. During this period the changing techniques and growing confidence of the medical profession constituted the female body so that it became understood as a reproductive mechanism. There was a shift in the perception of the female body's physicality. Woman's reproductivity was at first

seen as tied solely to her reproductive organs. The uterus, as the most important organ, was singled out as the defining organ of the female body. 'Diseases peculiar to women' were based on a 'uterine physiognomy', where the woman's behaviour, character and expression reflected the condition of the uterus. The concept of the female body was divided into reproductive and non reproductive with the uterus symbolising reproductivity. The female body was essentially a non unified reproductive subject made up of body and reproductive organs. With the development of techniques which produced a more detailed explanation of the workings of the reproductive function, the whole body became defined by women's reproductivity. Hence there was a shift in emphasis to the pathology of the whole body, with the interest no longer solely on the uterus but on the periodicity of the reproductive female body. The physical entity of the female body became unified in the notion of a disordered reproductive existence. The female body as understood in the late 19th century clinical gaze was a reproductive body with a potential disorder which demanded medical attention. In the following discussions I look at these shifts in the change in the understanding of the female body; the change in handling of the female body; and the change in the perception of the patient.

2.4.1 Changes in the understanding of the female body

The medical knowledge of uterine diseases changed dramatically during this period. The pre-gynaecological gaze understood diseased conditions of the uterus as spinal diseases. (Martin,1871:129) From being seen as outside of special medical concern the uterus and its diseases became the subject of intense interest. With the introduction of the speculum and sound[4] during the 1860s and 1870s the uterus became the focus of the science of 'diseases peculiar to women'. 'When the cervix was exposed to the light of day' (Foreman,1887:168) the 'ease or difficulty' with which the uterine sound passsed, its position and length and the appearance of the cervix, as viewed through the speculum formed the basis of the diagnosis. Medical articles documented conditions of the 'polypus uteri', 'irritable uterus' and 'ulceration of the uterus'. (Way,1896:319) Pathological entities were 'deviations of the uterine axis ... the appearance of the cervis uteri ... ulcerations, erosions'. (Batchelor,1887:627) Uterine growths and the appearance, position and surface of the uterus appearance were the dominant gynaecological concerns.

The discovery of bacteriology in the 1880s brought with it a different view of disease generally, and in gynaecology and obstetrics, a new etiology of uterine disease:

> we now understand the important influence on life ... exercised by the unseen enemies of man ... The various forms of micro-organisms have been differentiated : their nature, habits and means of multiplication worked out; as well as measures to prevent their invasion ... Assisted by the new light that bacteriology has thrown upon the origin of septic disease, gynaecology has made the most striking and wonderful advances.

[4] The sound was a probe which was inserted internally to test the length of space of the uterine cavity.

(Way,1896:320)

In the 1880s and 1890s the gaze shifted from an interest in the colours, textures and feel of the uterine surface to a concern with the uterus as 'the centure and nidus' of septic disease. (O'Sullivan,1897:18)

The gynaecological gaze of the late 1880s and 1890s saw the uterus as 'a storehouse of infectious germs', (O'Sullivan,1899:379) a cavity which the doctor had to protect and guard in order for woman to fulfil her reproductive capacity. The uterus was 'the prime infective focus'. Rothwell Adam describes how from parturition a 'sequential progress of infection' is produced by lacerations of the cervix and vaginal wall. The 'avenues of infection' which are opened up have lead to the need for 'gynaecological treatment'. In general,

> [W]e now know that in almost every case of pelvic inflammation we can trace its course first from the uterus ... [W]e can see how it destroys tissue and invades the substance of organs in the course of its progress.
> (Rothwell Adam,1911:635)

Here female disease is explained as a process of bacterial invasion which affects first the uterus, and then the whole body.

2.4.2 Changes in the handling of the female body

The second focus in the understanding of the female body was the shift in the medical practitioners' approach to handling the uterine cavity. In early gynaecological practice the interior of the uterus was looked upon as 'holy ground' wherein the 'ordinary practitioner feared to explore' (Rothwell Adam, 1890:166) An examination of the uterine organs consisted in a,

> digital examination, the patient at the time being attired in her ordinary clothing, the condition of the cervix and os uteri being noted almost solely, and the passage of the sound and speculum ... considered as most important guides.
> (Batchelor,1889:626)

Clinical practice based on the development of surgical techniques led to an opening up and exploration of the uterine cavity:

> [a] leading characteristic of the inquiry of the present day is the evidence of the yearning after essential causation. There is a general desire to go further and deeper than our forefathers did. We want not only to acquire greater skill in diagnosis, but we want to discover "natura rerum", and we differ from our forefathers in this also, we do not speculate, we penetrate,

and plumb and fathom, and reason accordingly.
(Graham,1879:25)

The 'thick veil' of the 'great mystery of disease' was lifted by the development of surgical techniques. It brought,

> far reaching ... changes in our views, so pregnant for practical application, so great the proportion of cases brought from the region of the vague and indefinite, to within the range of exact and certain diagnosis.
> (Batchelor,1889:630)

From being fearful of making internal examination (Martin,1871:728) and leaving diseased organs 'to rot in the cavity', (Martin,1871:130) medical practitioners enthused about their ability to remove the uterine appendages; '[p]elvic surgery, changes of opinion and changes of practice based upon greater experience [placed] the stamp of authoritive approval' on operations for removing the uterus.(Way,1896:324) The operations were seen as forays into the knowledge of the body's pathology - 'it is wonderful what a lot of unconsidered trifles one discovers in a pelvis'. (Bryne,1905:521) They established the female body as an object in the clinical domain which could be dissected and controlled by medical skill. It could now be claimed that in septic and cancerous disease:

> the uterus should be removed, because, it is no longer of use and is devoid of physiological function; that it is no longer innocuous, but being diseased is, on the contrary, a remaining source of danger.
> (Way,1896:324)

And as,

> [s]erious and formidable as some of these operations are, and anxious and responsible as we must feel in undertaking the work, we can now so fence our patient with safeguards as to render [her] ... safe
> (Way,1896:325)

And,

> the opening of the peritoneal cavity is not the terrible peril ... it was always supposed to be ... There is not an organ in the abdomen that has not been attacked, and successfully.
> (Foreman,1887:170)

> The careful records of observations which have been made by the numerous operators of these days have so forcibly shown how comparatively small is the danger of opening the abdomen when done with proper precautions, that it is felt in most cases of doubtful diagnosis in grave troubles to be a less risk to the permanent well being of the patient to make an exploratory opening, and so ascertain with certainty the nature of the case.
>
> (Foreman,1887:171)

The gaze in these passages is directly on the internal organs and the effects of septic disease. The doctor can now 'fearlessly explore the abdomen for diagnostic purposes'. (Fitzgerald,1887:408)

2.4.3 Change in the perception of the patient

These shifts in the understanding of disease and medical access to the female body led to a new perception of the patient as an object of knowledge. The earlier texts describe a nonunified medical subject. The physical entity of the female body is divided into the uterus, and the rest of the body, which responds to disordered functioning of the uterus. These texts emphasize the appearance and character of the body in humanised terms - the uterus is 'irritable' or 'angry', the patient's temperament reflects the appearance of her internal organs and the patient is described as having a 'uterine physiognomy'. In these early texts the female body is described but it is not confidently known. As the female abdomen was opened and explored the tabooed areas shifted. There is no longer the division of the body into internal, external, uterus and rest of body, described by character and surface appearance, but rather a modern scientific explanation of the reproductive body which is dominated by the periodicity of reproduction and suffused with femaleness which is no longer seen as directly tied to the uterus. This shift in the understanding of the medical subject can be seen in the discussion about whether hysterectomies 'unsex' a woman.

At first the removal of the uterus was seen as an unthinkable act. One doctor states that an 'old master' (ie a respected surgeon established before the establishment of gynaecology as a separate discipline) would be 'shocked' at a 'clean sweep of the pelvic organs ... he would as soon think of cutting off his patient's head as of extirpating her uterus'. (Horne,1903:4) Here women's sexuality and identity is seen to reside in the uterus. It is the presence of the reproductive organs which defines her femaleness. The medical gaze is on the uterus as the determining point of femaleness which suggests that the rest of the body, as non reproductive, is non gendered and outside the gynaecological and obstetrical gaze. Her uterus is equated with her head as a vital organ. With the introduction of pelvic surgery which focused on the reproductive organs the taboo is broken. One of the earliest operators notes, 'it is a remarkable physiological fact, how little disturbance of the system [occurs] when such important organs as the whole female reproductive system may be removed'. (Stirling, 1884)

By the 1890s when hysterectomies and laparotomies were established as justifiable procedures, the whole female body is seen as defining women's sexual identity. The question is not whether to remove the organs but how far their removal really does affect or 'unsexes' a woman.

> It is often argued that to remove the internal organs of generation unsexes the woman, causes sterility, destroys sexual feeling, and changes the woman's whole nature. One can understand arguments of this kind applied to cases in which healthy ovaries and tubes were removed, though even here I doubt if the supposed results are not greatly exaggerated. But when their tissues are already destroyed beyond redemption, and when function is obliterated or perverted, these arguments are surely not of much weight. The woman is already unsexed (as much as surgery can unsex her) by the results of disease; sterility exists, the sexual feeling is either obliterated or approach impossible, and the woman's whole condition is one passing (if she has not already passed) into one of hopeless invalidism.
>
> (Way,1896:323)

In this passage the existence of reproductive organs as such, is not the focus. Rather, the physical entity the 'reproductive female body' is the subject of the medical gaze. The medical gaze observes and manages women's sexuality through the clinical practice of medical examinations and abdominal surgery. The whole reproductive existence of woman defines her sexual ability not just one organ of the body. Her existence, if not reproductive, is defined as both invalid and useless. The body's health and reproductive potential is a unified whole rather than being divided into nonreproductive body affected by the reproductive system.

In defining the gynaecological and obstetrical subject the later gaze is concerned not just with the identification of uterine disorder but with a general interest in all women as potential medical subjects. It is not simply an exploratory science but an art and science of 'national benefit to the public'. (Rothwell Adam,1911:633) It seeks to 'restore' 'suffering woman' to her 'health and usefulness' (Way,1896:326) and thereby maintain 'the domestic happiness of the world' which depends on the 'health and well being of the wife'. (Foreman,1887:175)

These claims suggest that medical interest in the female body's physical entity is structured both by clinical developments and social concerns with women's reproductive capabilities. This point takes my discussion on to the role played by gynaecologists and obstetricians in the medicalising of social life. In the next two sections I look at how, more generally, the doctor became the adviser and expert of the welfare of the social body and of the importance of women's health and reproductivity in social issues.

2.5 Biopolitical Practices in late 19th century Melbourne

The conceptual shift in medical understanding of the female body cannot be divorced from changes in political and economic power. In this section I look at how the establishment of new networks of medical social relationships were developed in the medicalising of the social body

with the growth of the modern state. This extended medical gaze was evident in state enquiries into public health and medical advice to government bodies. These practices produced a medico-administrative knowledge aimed at improving the 'social body'. The following survey looks at medical practices which were crucial in the state management of biological issues in late 19th century Melbourne. These issues were integral to the surveillance, regulation and administration of the population, practices, which Foucault labels a biopolitics of the population. These practices focused on the species body in the medicalising of social life. My study links state concerns with sanitation, adulteration of food, public welfare, public education, public health, public management of disease and the growth of the population as strategies in the power over people's bodies, health, life and death.

Late 19th century Melbourne saw a proliferation of strategies to sanitize and manage city living in order to produce a healthier environment for the population. The problem of 'Smellbourne'[5] was the subject of government ,medical and public concern. In administrative practice the health of the population was the major focus of local and central government activities. Histories of the period[6] document the growing state concern with the regulation of and education about public hygiene in terms of the establishment of the Central Board of Health in 1884 and of local health boards thereafter. (Pensabene,1980:52; Dunstan,1984:42-72) This period saw investigations into the sanitary condition of Melbourne (1888-9), state enquiries into industrial conditions with Royal Commissions into Employees in Shops (1882-3), the institution of factory inspections and industrial reforms, tighter control on the quality of milk, meat and manufactured food .[7] Through these practices the state took responsibility for a general level of public health - the management of infectious diseases, such as typhoid, policing of adulterated food, inspection of work places and living arrangements.[8] The activities based in hospitals, state and private charities also instituted the health and management of the population as an important public concern. According to Kennedy, by 1887 the principal public charities were the Royal Melbourne, Royal Alfred, Homeopathic, Austin, Women's (Lying-in), Children's and Eye and Ear Hospitals; the Melbourne Benevolent Asylum; the Immigrant's home; the Melbourne Orphanage; two St Vincent de Paul Orphanages; the Victorian Asylum and School for the Blind; the Deaf and Dumb Asylum; Female Refuges at Carlton and Abbotsford and the Melbourne Ladies Benevolent Society. (Kennedy,1982:68) The state funded the big public hospitals - the Melbourne,

---

5 A common term used to describe the contradiction between the prosperity of 'Marvellous Melbourne' and the stench of city refuse from inadequate draining etc. (see Dunstan,1984:13) Balls Headley argues that 'It is a terrible thing that, in this magnificent young city, we do not even attempt to remove from our midst germs which we all know proceed from the diseased ... We see and smell the filthy night carts ... we see dirty sewage flowing into our dirty river , and accumulating on its banks. (Balls Headley,1890:9).

6 My major sources for this section are: Bacchi(1980), Cannon(1975), Davison(1981), Dickey(1977), Dunstan(1984), Grant and Serle(1957), Goodwin(1964), Hicks(1978), Hyslop (1980) (1982), Kelly(1982), Kennedy(1982),Lewis(1976), Reiger(1982) (1985), Roe(1965), Swain(1976) and Thames(1974).

7 See Royal Commissions listed in appendix section one.

8 The Public Health Act was passed in 1888, with 450 people employed for inspections and at the local administrative level there were 187 boards instituted with a medical officer appointed to each board. (Springthorpe,1896:475-83) appendix section two

Alfred, Henry, Austin, Women's, Children's and Eye and Ear - by contributing to three quarters of the building costs and up to two thirds of the running costs. An inspector of public charities was appointed in 1881. (Kennedy,1982:67-8) The Gresswell Report of 1890 and 1895 scrutinized the charity system of Melbourne, both the small and large public institutions - in particular the Melbourne Benevolent Asylum, Immigrant's Home, Melbourne Orphanage and Victorian Infant Asylum. There were also state enquiries into penal discipline (1870), industrial reformatory schools (1872) and the insane and inebriate (1886). The physical and moral health of the child[9] was a particular focus of biopolitical concerns in the late 19th century. Industrial schools and infant asylums were instituted for destitute children; the Victorian Infant Asylum was established in 1877. Primary education became universally available in 1872 (Roe,1967: 83) and health inspections of state school children were set up in the late 1890s. (Springthorpe,1914:129; Hyslop,1983:32-3;Dunstan,1984:14) Reiger and Hyslop document official support for privately run infant and maternal welfare groups from the mid 1880s. (Hyslop,1980:11: Reiger,1984: 3) The measurement of the population was also a government concern in the late 19th century. Government statistics were kept from 1875 with Hayter's appointment as Government statistician, and later statisticians such as McLean contributed vocally to the public and medical debates on the declining birth rate, use of birth control and management of infants, (McLean,1904:109-125;394-6;Hicks,1978 : 32-54;79-132)

Government practices were supplemented by organizations formed to educate the public on rules of hygiene and sanitation and the instigation of social purity campaigns.In her dissertation on social reform in late 19th century Melbourne, Hyslop documents the activities of the Australian Women's League, Berry St. Babies Home and Hospital, Children's Protection Society, Collingwood Creche Day Nursery, Free Kindergarten Union of Victoria, Gorden House for Boys and Girls, Playgrounds and Recreation Association of Victoria, Young Men's Christian Association and Young Women's Christian Association. (Hyslop, 1980:1) Kennedy estimates that in the early 1890s there were sixty seven leading charities in Melbourne. These were organized in 1887 by Edward Morris into the Charity Organization Society. (Kennedy,1982:28) Public education on health and hygiene was another strategy in biopolitical concerns. A large number of public and domestic health manuals were written in Australia and overseas,[10] and organizations such as the Australian Health Society and St John's Ambulance Association provoked public awareness of hygiene and safety services. (Springthorpe,1914:9) The Australian Health Society

---

9 Examples of acts relating to the health of the child were Neglected Children's Act (1890) , Crimes' Act (1890) and Infant Life Protection Act (1890-1907). See Reiger,1982:65; ~~Studies in~~ Sydney Labour History Group (1982), ~~and Gilding (1985)~~.

10 For Example - Australian publications include Allbutt (u.d.), Beaney (1872),Chevasse (1870), Faulkner (u.d.), Fawcett (1882), Fullerton (1880) , Holden (1883), Magarey (1883), Old Housekeeper (1881) ,Paterson (1890), Richards (1905), Rossiter (1908), Smyth (1887-) ,Wicken (1891), Warren (1898) and Watson (u.d.) ; examples of American manuals commonly available in Australia include Beard (1885), Kellog (1883) and Stockam (1898).

was an influential organization founded in 1876. It ran lectures and published pamphlets[11] aimed at the 'respectable poor', agitated for sanitation reform, improved Health acts and introduction of instruction in hygiene in education department policy. (Springthorpe,1896:182;1914:10)

The medical profession played an instrumental role in government investigation and regulation of sanitary condition, hygenic controls, hospital administration, public education and birth control outlined above. The establishment of medical and health officers of the city and a board of health, half of whom were medical practitioners, placed doctors in administrative positions with an important role in the[12] management of public health. Medical regulation of public institutions began in 1890s with the medical inspection of school children, public vaccinations, sanitorium and hospital work, the institution of playgrounds and kindergartens. (Hyslop,1980:253; Reiger,1985:130;Thames,1974:16) Allen headed the major enquiry into Charity Institutions, and Dunstan, in his study of Melbourne Charities, credits him personally with regularizing the colony's charity networks. (Dunstan,1984:273) In the government enquiry into charities in the early 1890s , Balls Headley, Youl, Ryan, Moore, Sutherland, Girdlestone, Neild, Barrett, Fitzgerald and Rudall were all doctors called on as expert witnesses. In the Royal Commission into Conditions of Employees (1883) medical opinion was solicited with the City Medical Officer, Girdlestone,acting as a key witness. In the N.S.W. Royal Commission into the Declining of the Birth Rate and Mortality of Infants (1903) six out of thirteen commissioners were medical practitioners, two of whom were prominent Melbourne practitioners - Balls Headley and Jamieson.(Hicks,1978:32) Barrett was another outspoken Melbourne doctor on the growth of the population. These doctors were leading voices in the professions' public statements on the population issue. Hicks states that the 'social Darwinism of Balls Headley and the statistical awareness of Jamieson ... the ideas of Barrett were all echoed ... by other doctors. ' (Hicks,1978:43)

In public health education medical practitioners worked through societies such as the Australian Health Society, publishing pamphlets and contributing to daily newspapers. The Australian Health Society, modelled on the National Health Society in Britain and Ladies Sanitary Association of London, (Dunstan,1984:5) had six medical practitioners amongst its founding twenty officers, including Balls Headley, Girdlestone, Jamieson and Gresswell. (Dunstan,1984:9-10) The society's objectives were :

(1) To create an educated public opinion with regard to sanitary matters in general, by the aid of platform, press and other suitable means.

---

[11] Examples of the topics the society published were: 'Pure Air and Ventilation'. 'Hereditary Disease', 'A Bad Smell', 'The Nervous System: Its Use and Abuse', 'Disinfection and Disinfectants' , 'Injurious Effects of close confinement and Overwork', 'The Sanitary Alphabet' and 'Accidents and Emergencies, or What to do until the doctor comes'.

[12] See Cuscuden's article on the underpaid and overworked position of Public Health Officers in charge of regulating schools, municipalities sanitary inspections, milk supply and household garbage. (Cuscuden,1907:75-8)

(2) To induce and assist people by personal influence, example and encouragement, to live in accordance with recognized laws whereby health is maintained and disease prevented.

(3) To seek the removal of all noxious influences deleterious to that public health, and to influence and facilitate legislation in that direction.

(Australian Health Society, 1876)

The society was supported by government officials. Dr W.McCrea, President of the Central Board of Health endorsed the project, and prominent figures of the Melbourne establishment were members. (Dunstan,1984:9) The society published literature which gave instruction in 'laws of health, dealing especially with ventilation, food, exercise, cleanliness'. (Roe,1967:329) The society ran public meetings on domestic management such as the series run for wives and daughers in 1884 (AHS,1901:32), cooking lessons in 1887,1890 and 1891 ,and lectures on elementary physiology, anatomy and hygiene (Dunstan,1984:14;Reiger,1985:40-3) It held annual competitions and exams for state students on hygiene and health education. (AHS,1901:9,10,20)

The activities of individual doctors illustrate how the role of doctors in the late 19th century was not only in the clinical domain but also in the wider concerns of biopolitics of the population.

J.W. Barrett's range of activities (lecturer in physiology, eye specialist, Melbourne graduate) was an example of how medical practitioners operated in the biopolitical domain of 19th century Melbourne. Although Barrett is not a gynaecologist or obstetrician his work focused on women's social function in biopolitical concerns as reproducer of the race and manager of domestic hygiene. His various activities included work in charity organizations, membership of the Australian Health Society, involvement in the promotion of infant welfare, pure milk depots and membership of the the city playgrounds, kindergartens, Bush Nursing Association, (which he founded) Working Men's Institutions and technical education. The Australian Dictionary of Biography lists among his interests - worker education, venereal disease, neglected children, immigration, preventive medicine and pure milk supplies. Barrett was a 'devotee of national efficiency'. (Hyslop,1980:24) Hyslop summarizes his activities with the comment 'the common aim of all Barrett's reformist efforts was to improve the health, character and number of the Australian population' (Hyslop,1980:22) and the Australian Dictionary of Biography characterizes Barrett as a 'practical visionary ... a pioneer in all things one could think of by which the human race might be bettered and improved'. (Australian Dictionary of Biography (**Australian Dictionary of Biography,** 1969) Barrett wrote for The Argus on issues dealing with social welfare, public health, education and defense. (Hyslop,1980:22) Roe, a recent biographer of Barrett,describes him as a man of public affairs,an advocate of applied sciences and national domestic science. (Roe,1988:60,62) He quotes Barrett's statement that :

> Medical men should be prepared, in the interests of mankind, to give up some of their leisure and to help the great ameliorating movements in which their special knowledge and training were so valuable.
> (Roe,1985:66)

Jamieson lecturer in gynaecology and obstetrics, was City Health Officer from 1885-1913, president of the Royal Society (a group of scientists who discussed general scientific problems and discoveries, modelled on the British Society), published and delivered lectures for the Australian Health Society and wrote for The Argus, Melbourne Review and the Australasian Victorian Review on issues of public health. He wrote on topics ranging from infant welfare, adulteration of food, public health to statistical studies on the difference of the sexes[13] from 1869 until 1913. (Argus ,1916)

Springthorpe, another prominent Melbourne doctor who lectured in Public health (lecturer of Hygiene, Dietetics and Public Health) was an active member of the Australian Health Society , president of the Infant Asylum and Victorian trained Nurses Association and as a member of committees on the inspection of quaranteen stations and lunacy reform. (La Trobe,MS9898)

He lectured and wrote on issues of public health, education, hygiene and town planning, addressing several Intercolonial Congresses and publishing his lectures in Therapeutics, Dietetics and Hygiene (1914) In this text book he advocated that :

> The physician's usefulness must extend far beyond the remedial treatment of the sick ... It would be difficult to over-estimate the gain to health if the public generally were educated up to the level expecting , the profession imparting wise advice on the great public questions of the registration and notification of disease, adulteration of food and drink, nuisances, surface conservancy, drainage, nightsoil, house construction, infant life protection, and regulation of industries ... [A] State Department of Health becomes as essential as a State department of police, marines and soldiers ... The part which can be and progressively is being taken by our profession is this creation of a sanitary atmosphere, this imparting of specific advice and this administrative work, is a noble and inspiring one.
> (Springthorpe,1914:9-11)

He advocated greater state regulation of industries, housing, sanitation, more public awareness of hygiene and physical education, diet and the production of a pure race. Women were singled out as having a special importance in these goals:

---

[13] Examples of his publications are: 'How to Feed Infants' (1870), 'Digestion with remarks on Infant Mortality' (1870), Infant Mortality'(1883), 'On Certain Differences Between Men and Women' (1879), 'Sex,in Health and Disease' (1887), 'Milk Adulteration' (1880), 'Dust'(1883) 'Good Bread', (1911) 'Public Charities and their Abuse',(1880), 'A Dark Social Blot'(1883).

> The creation of healthy conditions for women thus takes first place ... the care of the pregnant mother acquires a value beyond all that was previously recognised ... From the individual and racial points of view, the true functions of women are the maintenance and healthy organisation of homes and the propagation of a race of strong, healthy people.
> (Springthorpe,1914:87-88)

He recommended a series of exercises to develop the correct healthy body to which a woman should aspire including an exercise to 'strengthen a girl where she needs it most' (the pelvic region) . (Springthorpe,1914:95-7)

In these biopolitical strategies the biology and reproductive potential of the female body is seen as having an important social utility. In the institution of public women's hospitals, female refuges, pure milk depots, welfare legislation for mothers and infants, medical advice on domestic sanitation, hygiene and health , 'domestic science' and monitoring of growth or decline of the population, the focus is on women's reproductive and social role as propagator of the species.

There were other discourses which constituted women's health and reproduction as crucial to the social body. These were discourses concerned with the growth of the race and women's role as propagator of the species. In the next section I look at how women's health and reproduction were constituted as crucial to social progress.

2.6 Women's Health and Reproductivity

In this section I look at the changing social and political attitudes towards women which operated in the medical attitudes and practices towards the female body. I am concerned primarily with social debates and practices on racial progress which emerged in the 1890s, and in three areas in particular : the feminist[14] campaigns for women's health and social purity; the intellectual debates on the evolution of the race; and the general quest for national efficiency. These were important intellectual and political issues of the late 19th century, ones which permeated other discourses such as medical discourses relating to the female body.

2.6.1 Feminist Debates

The late 19th century saw a proliferation of political and social movements concerned with the position of women. The social purity movements which focused on the management and health of the female body and the population were part of the changing perception of women's role with the emergence of the 'woman question' in the 1880s and 1890s. These movements looked at issues of: women's health, in their roles as wives and mothers; contraception, referred to as voluntary motherhood; women's access to medical knowledge and an understanding of their own

[14] I am using 'feminist' here very loosely to mean practices which sought to change women's social and political position.

bodies.[15] Social purity groups, such as the Women's Christian Temperance Union and the Australian Women's Socialist Society, in their lectures and pamphleteering tackled questions of women's physical health, political autonomy and access to contraception, (see Kelly, 1982b:12-17;49-63); and the Australian Women's National League, in their meetings and education drives broached subjects such as domestic economy, national housekeeping and infant life preservation. (Reiger,1985:183)

In the activities of these groups voluntary motherhood, hygiene, domestic sanitary reform and physical and social health were put forward as important feminist concerns. The importance of woman's role as nurturer, domestic hygiene manager, moral adviser to men and women's health, and their control over child rearing were seen as essential strategies for women's emancipation and the progress of the race.[16]

According to doctrinaires of the AWSS., such as Brettina Smyth, the achievement of women's greater independence and the health of the race was premised on the cultivation of able bodied women. Feminists argued for a healthier, more informed way of life for women. Bicycling, gymnastics, dress reform and information on contraception were seen as important strategies in the emancipation of women (Kelly,1982b:86) The AWSS. was the most vocal organization on the issue of voluntary motherhood and contraception. (Kelly, 1982b:40,50) Smyth, its most public spokesperson, lectured and published on topics concerned with the improvement of women's health and the good of the race. Her publications included a book on gynaecology, - **Diseases of Women, Their Causes, Cure and Prevention (1890),** and eight pamphlets dealing with topics such as 'Limitation of Offspring' (1893), 'The Social Evil and its Causes' (1894),and 'What is Woman and How to Train Her' (1895). Her main themes were that autonomy for women and the power of perfected motherhood should be used to further racial progress:

> Women from their natural position and influence must and will become a great factor in hastening the period when a new race of beings will people this earth ... women should take the lead in introducing and popularising the knowledge that governs the body in health and disease, in prevention and cure.
>
> (Smyth: quoted in Kelly,1982b:58-9)

In this quote it is evident that Smyth's concern was not so much with individual freedom but with racial progress, and women's role in education and propagation.

These feminist debates constitute women's health, the control of fertility, the role of the mother and social propagation as crucial to social well being. Medical knowledge of the female

---

15 I am not looking at the issue of domestic management of the home - Reiger(1985) documents the management of the home and public education of motherhood from the 1890s as issues which were more vital in the 1920s and 1930s than in the late 19th century.

16 See Kelly, 1982a: 410-411 and Reiger, 1985:181-6 for a later survey and discussion on the domestic management of the home and the public education of motherhood.

body's reproductivity was therefore an important set of ideas to feminists and conversely, 19th century medical knowledge is not produced in isolation from feminist concerns.

2.6.2 Evolutionary thought

Underlying these early feminist arguments were intellectual debates about the biological and evolutionary position of women in the progress of the race. Evolutionary thought, known as social Darwinism, was a complex set of ideas which permeated most discourses of the late 19th century. Evolutionary theory proposed a total system for understanding the organisation of the natural world and produced a system of thought which invoked the 'natural order' as the ultimate source of authority. Beer, in her study of evolutionary theory in 19th century narrative literature, argues that evolutionary theory played a crucial role in 19th century world views. Indeed,

> evolutionary theory has functioned in our culture like a myth ... moving effortlessly to and fro between metaphor and paradigm, feeding an extraordinary range of disciplines beyond its own original biological field. In the later nineteenthth century it gave ordering assumptions to the developing subjects of anthropology, sociology and psychology and elements in its ideas have been appropriated to serve as confirming metaphors for beliefs ... such as social Darwinism.
> (Beer,1983:17)

In evolutionary theory social progress was based on a theory of natural selection dictated by inherited variables. There were two theories which were pertinent to a discussion of social Darwinist thought in Australia - one claiming that the condition of the race could be improved by altering environmental conditions, the other that there were fixed characteristics inherited along the generations. The first theory was a Lamarckian one which saw the organism adapting to the environment, so that, for example, if children lived in slum conditions their physical structure becomes effected by the environment and they would acquire structural defects. Hence if one improved environmental conditions one could improve the inherent health of the population. The alternative theory worked from the idea that the parent transmitted characteristics to the offspring from a stock of genes which were genetically rather than environmentally determined. In addition, characteristics were seen as sexually determined: essential male and female forms had been decided upon in the lowest forms of life and transmitted through the ages.[17]

Women's changing social and political status was formed within such doctrines of evolutionary and racial progress. Women's sphere, the home, was seen as naturally complementing men's role in the public sphere. These natural spheres were founded on men's and women's inherent biological characteristics. Women's biological and evolutionary characteristics

[17] See Conway's study of stereotypes of femininity in theories of sexual evolution for a discussion of Geddes and Thomas's work which she argues gave scientific authority to social views of the inferiority of women. (Conway,1970)

meant that women's major role in the progress of the race was as citizen mother, or reproducer of the race. Both Spencer's and Darwin's arguments were used to explain the social differences between the sexes and women's role as reproducer of the race. In Darwin's writing men were seen as courageous, pugnacious, energetic and ambitious. Women were tender, generous and altruistic. Women's natural role was motherhood and they were responsible for the education of children and the essential characteristics of the race. (Mosedale,1978:6-9) Spencer argued that women's character and mental traits stem from their body structure and their maternal role:

> Women's biological destiny, perpetuation of the species, takes precedence over any other inclination she might entertain.
> (Mosedale,1978:10-16)

The underlying theory is that women's energy was expended in reproduction and therefore women were biologically restricted to working for change in society within the confines of their 'natural' role. This role was determined through natural selection and inherited cell metabolism:

> from an organic standpoint women represent the more stable and conservative element in evolution ... women are for men the human embodiment of the restful responsiveness of nature.
> (Ellis, quoted in Flavia,1977:275)

In Melbourne social Darwinism was influential in intellectual and University circles. Roe, in a history of Melbourne from the mid 1870s to the mid 1880s, argues that Darwin's **Orgin of the Species** was central to progressive intellectual clubs such a the 'Social Science Congress' to which the 'pillars of Melbourne society' belonged (Roe,1967:227). Goodwin's study of evolutionary theory in Australian social thought traces the impact of Darwin, Spencer and Comte in Melbourne, introduced by Hearn, foundation professor in history and political economy at the University. (Goodwin,1964:393) Goodwin argues that Hearn established social evolutionary principles in the teaching of history and economics at Melbourne and that his students introduced evolutionary theory into the political, literary and intellectual activity of Melbourne's public sphere. (Goodwin,1964:395-6)

Bacchi, in her study of early eugenic thought, suggests that by the turn of the century evolutionary thought informed most social, political and scientific discourses (Bacchi,1980:199). She argues that the predominant evolutionary theory in Australia held that education could correct faults of heredity, and environment could modify the quality of the race (Bacchi,~~1908~~ 1920:201). Bacchi argues that although theories of eugenics were evident in Australia they were not seriously

entertained in the pre-war period. (Bacchi,1980:209)[18]

In these debates social organisation is seen as determined by natural order. Medicine, as the science of human nature in health and disease is therefore constituted as a socially and intellectually important system of thought.

2.6.3 National Efficiency

'National efficiency' or the search for a healthier and more prosperous nation, focused on two issues - the management of the population - and the measurement of the birth rate. In the following discussion I look at the historical studies on the population question and the institution of the welfare state in late 19th century, early 20th century Australia. These studies argue that in both the management of the population and measurement of the birth rate women's role as reproducer of the race was crucial and that the late 19th century concern with the maintenance of women's general health was an extension of policies which sought to promote national prosperity.

Thame argues that:

> the awareness of the need for medical welfare service for mothers and children developed out of moral and political concerns about the effect of the declining birth rate on national progress and prosperity.
> (Thame, 1974:150)

Lewis, in his study of the population question in NSW argues that the 'emergence of deep concern about population growth around the turn of the century focuses considerable attention on the reproductive and childbearing roles of women.' (Lewis,1976:xv) He describes maternity hospitals as 'institutions of administrative control by health authorities' (Lewis,1976:190) which carried out government policies of ensuring national efficiency through a healthy population. (Lewis,1976:132) Reiger, in her study of domestic management in 20th century Australia, also sees medical concern with women's reproductive role as part of the government interest in national prosperity which directed government policies on public health and domestic management. (Reiger,1982:70) She argues that :

> through various birth controls, ante-natal and childbirth developments women's reproduction of the population was to become increasingly an object of medical surveillance by health professionals and this was firmly and widely believed to be in the complementary interests of both individual women and the state.
> (Reiger,1982:194)

---

[18] An indication of medical interest in eugenics is a 1913 article in the AMG which reported that a Race Preservation League was being set up in Victoria which should be a powerful aid in the preservation of sexual morality and the preservation of the race.' ('Eugenics', 1913:417) There was also a report of a Commonwealth committee set up to enquire into the care and control of the feeble minded. Dr Youl, who chaired the committee, published a report in the AMG on the mental health of school children, with the comment that the medical profession and the public should be aware of the seriousness of the situation. (Report 1913:400-3)

In political and social discourses on women's role in national efficiency women's biological (reproductive) role was seen as the determining factor. Lewis suggests that crucial to discussions about efficiency in politics, education, commerce and industry was the falling birth rate and the problem of an unfit population. (Lewis,1974:121) The NSW Royal Commission into the declining birth rate made the debate over national efficency a pressing public issue. (Lewis,1974:125) Lewis suggests that the concern for infant and maternal welfare marked a change in attitudes towards the population's utility. He argues that the concern about the fall in the birth rate was part of the 'intensification of international political and economic competition' where:

> infant lives lost were no longer considered inevitable sacrifices in a Malthusian world of scarcity but valuable assets to be saved and used in the emerging Darwinian struggle for survival among nation states and indeed races.
>
> (Lewis,1974:306)

He quotes the Victorian minister for education C.H. Pearson, author of **National Life and Character : A Forecast (1893/4)** as an important exponent of social Darwinist views that the white race must continue to struggle with the 'inferior' coloured races to 'prevent social regress to a lower stage of evolution.' (Lewis,1974: 307;310)

In these discussions of national efficiency women's role was placed in a social Darwinist framework. Kelly, in her study of the women's movement in late 19th century Melbourne suggests that the understanding of women's place was informed by social Darwinist views:

> Social Darwinism, popular in the mid 1890s promoted powerful images of the citizen mother ... [with] women's family role having new skills and emphasis.
>
> (Kelly,1982:17)

In social Darwinist theory a positive role for women was envisaged especially in the performance of their maternal role. Women advocated reform through a new nation of efficient mothers:

> women from her natural position and influence must and will become a great factor in hastening the period when a new race of beings will people this earth. A race enfeebled by no defects, crippled by no diseases and corrupted by no vice
>
> (Smyth, quoted in Kelly,1982a:59)

Other reformers concerned with the progress of the race also idealised women's natural role as reproducer. Syme, a leading reformist and public speaker, delivered a lecture published in The Age (1895) which was 'intended to clarify ... theories regarding the inheritance of acquired characteristics and the transmission of inheritable variations' which he saw as important to women's particular reform role in the planned progress of the race. (Syme, quoted in Kelly,1982b:113)

Women could assist in the ideal of eugenic marriage by sublimating their individual needs to the 'accomplishment of reproduction to greater social ends'. (Syme, quoted in Kelly,1982:114) In Syme's views women were responsible for producing the best possible environment for children. The emphasis is on society's ability to adapt the environment, a task in which women's role as nurturer of the race is crucial. (Kelly,1982:122)

In these discussions the female body is constituted as a reproductive body on an individual and social level. The notion of reproductivity is not a unified one but contains a series of meanings. Within feminist discourses women's reproductivity is both an area of potential liberation - women can attain true social and individual fulfilment in their role as mother and wife - and an area of difficulty - women need to fight for access to medical knowledge and control of their own fertility. In these debates women's health is seen as important both for individual women's emancipation and for the reproductive needs of the race. In the same way, women's role in the domestic sphere is crucial, both as nurturer of her family's hygiene and health and, in the social domain, as able to provide for the efficient management of a healthy population. Despite their apparent importance in the future of the race, however, women's major contribution is limited to the private sphere. In social Darwinist debate the focus is on the natural order of evolution which is used to explain the importance of women's reproductivity. Women, in this context, are the reproducers of the species. Women's reproductivity therefore has to be managed in order to ensure the growth of the population. This growth is not just quantitatively measured but also qualitatively. The nation's prosperity hinges on women's reproductive ability. State policies are therefore directed towards the maintenance of women's health and reproductivity as crucial aspects of the management of the social body. The declining birth rate is seen as an issue of public importance. In all of these views of female reproductivity, medical knowledge and practice play an important part in defining women's biological and social reproductive role. This suggests that medical discourse is constituted as a powerful and influential system of thought in late 19th century Melbourne biopolitical concerns with the individual and social body.

Introduction to Textual Analysis

This section is the second part of my methodological introduction and serves as a technical exposition of how I read the texts discussed in chapters three, four and five. The section is divided into three areas : first, I look at how I defined the texts I use in my analysis; secondly at how I read the texts; and thirdly at how I have selected the texts.

1. Definition of a text

In order to analyse the constitution of the female body in medical discourse I look in detail at articles written about the female body published in Australian medical journals circulating among the medical profession between 1870 and 1910. My major source is the **Australian Medical Journal**, the official publication of the Medical Society of Victoria (see chapter two). In chapters three, four and five I employ a second method of reading to my narrative history of medical techniques and practices. In these chapters I analyse articles published in the **Australian Medical Journal** as 'texts', the products and producers of late 19th century medical discourse. This theoretical approach defines texts in the following way. The text is not a document which can be treated as a trace of the past, something which gives the historian access to underlying historical forces but, rather, the document is defined as central to the historical enterprise. History is defined as the techniques, institutions and acts which produce the document. The historian works on the document in order to produce, through reordering and rearranging, histories which take as their subject topics which take on historical significance. This approach rereads documents in order to disrupt the traditional understandings of history as a continuous unified story of progress and constructs other histories through the contradictions and disunities this way of reading produces.

In this sense the **Australian Medical Journal** is read as a product of the institution of the clinic rather than as a set of ideologies which represent a past reality, a 'trace' of past medical practices. It is analysed as a set of codes with its own rules which produced particular meanings of the female body. The production of the texts (both in clinical and written practices) which I analyze in chapters three, four and five are understood as part of the discursive practices relating to the medical concept of the female body. In 'decoding' these medical texts I am looking at how scientific medicine emerged as an authoritative body of knowledge on the female body.

My analysis of the texts in chapters three, four and five, remains at the level of redescription. The aim of the chapters is to define what was seen as a medical subject. My analysis of how these meanings of the female body are part of the production of power/knowledge I leave to chapter six.

2. Reading a text

My reading of the texts as a process of redescription employs a different approach to historical evidence than is found in narrative history. I am not treating the texts as quarries for facts in a reconstruction of the past, nor am I searching for hidden meanings. In my redescription of the constitution of the female body I reproduce the surface meanings of the text, in a sense repeating it, but in my rearrangement of the texts and focus on contradictions in the text, I bring out a particular set of meanings which alter the way in which the text can be read. As much as possible the reading tries to avoid working from a set of assumptions about how knowledge is ordered in the text. In this sense, I read from the text the codes of meaning which constituted the female body as a medical subject. I work against the notion that there is a given or necessary way of describing the body in medical science and look at the plurality of meanings which make up the specific 19th century understanding of the female body. The texts mark the changes in meaning, the development and contradictions of the notion of the female body as it became a gynaecological and obstetrical subject. My reading looks at the texts as documents which have produced the female body both as a subject of clinical observation and as a product of the medicalising of social relations in the late 19th century.

At a more technical level, I treat the texts both as discrete units which have their own logic of production and as part of a discursive formation which constituted the female body as a medical subject. I look at how the meaning of the female body shifted over time by looking at which terms were used, which metaphors were employed, which social and anthropolgical views were seen as relevant.

3. Selecting the texts

Having already given in chapter two an overall analysis of the changes in medical practice based on a general review of the **Australian Medical Journal** from 1870 to 1910, in chapters three, four and five I select particular texts for analysis on the basis of their subject matter. I analyse texts which explain medical techniques on, and medical attitudes to, the female body. The majority of them were written by University teachers and hospital specialists. However, authorship, as such, has not been the sole criterion for selection. I have chosen to examine Australian medical texts as part of a body of work which was produced in the medical practices of late 19th century Melbourne. I have not only examined the works of particular authors, though because of the small numbers of medical men practicing in the field, inevitably there is a concentration on particular men's work. The point here is that I consider any text produced by the medical practices outlined in chapter two as valid for consideration. A text is not accorded more authority or seen to represent a more accurate account of medical truth because of its authorship. My concern is with the the codes of meaning produced in the clinical gaze rather than with the contemporary acknowledgment of one doctor's understanding of the female body as more truthful than another. I am interested in debates between practitioners only in so far as they throw up

contradictions and different understandings of their medical subject. In this sense I am looking at a discursive formation - the production of knowledge through a particular set of institutional practices rather than at a history of ideas of individual doctors.

Chapters three, four and five then, are detailed studies of what 19th century doctors said about the female body. Chapter three explores the changes in medical language by looking at different explanations of how the body worked. It looks at how models or descriptions of the workings of the body changed with the development of modern medicine. It does this on two levels: first, by exploring the observational language of the late 19th century clinical descriptions and secondly, by looking at metaphoric meaning and how social views informed the medical understanding of the female body. The chapter sets out the major themes which informed the constitution of the female body as a medical subject in order to introduce the analysis of the next chapters. Chapter four looks at how the female body was differentiated as specifically female. In this chapter I look at how the womb became the focus of 19th century medical interpretations of the gendered female body. The chapter examines the sites of difference in the female body as it became constituted as a reproductive body. Having established how the female body was constituted as a body and female, I then look, in chapter five, at how the female body is constituted in the medicalisation of the female body in the 19th century. This chapter looks at the notion of the normal and the disordered as gynaecology and obstetrics established the boundaries of their disciplines and at how the female body became primarily defined as an inherently disorderd reproductive entity.

3. The Workings of the Female Body

3.1 Introduction

In this chapter I look at the medical language used which established the female body as a gynaecological and obstetrical subject. The chapter is a survey of the changing meanings of the female body in descriptions of the female body as a physical entity and as a representative of the social body. I look at how medical discourse established itself as an authoritative source of knowledge of the reproductive body on both an individual and social level. The major aim of the chapter is to set out the themes - codes of meaning - which defined the 19th century gynaecological and obstetrical gaze in order to establish the areas which I examine on a more analytical level in the following chapters. In examining the language of the texts I look at two areas. One is at a primary level of meaning - the language used to describe the female body as a medical subject and the other is a secondary level which informs the primary. I define this secondary level as metaphoric language which has resonances of meaning outside of biological concepts and informs medical descriptions of the female body. I look at how concepts such as evolution, nature, civilisation and disorder were important in explaining female disease in the late 19th century.

My major source for this exploration of medical language is the **Australian Medical Journal.** In my reading of the journal I look at two categories of the term body - the first is the individual body of the patient, the subject of the case notes which record the medical treatment of disease, and the second is the social body of the population, the subject of general reflections on the management of social health. The first section of this chapter looks at twelve texts written between 1870 and 1910 which focus on the workings of the individual body in different stages of health and disease. The analysis sets out the descriptions of the body in each text, commenting on the language used to describe the disease or condition of the patient, and also commenting on the areas on which the clinical gaze focuses. The different views raised in the texts are then discussed in a concluding summary which points to the different themes and contradictions which are pursued in the following chapters. The second section of this chapter analyses four texts which focus on the management of the social body. In this section I look at how the clinical knowledge of the individual body relates to changing views on the anthropological, evolutionary and social position of women. As in the first section, I analyse the texts as discrete units and then draw together the themes and contradictions in a concluding summary.

3.2 The Workings of the Individual Female Body

In this section I look at the dominant images used to describe the workings of the female body. There are three areas which established the female body as a medical subject in the late 19th century gynaecological and obstetrical gaze. The first is how the body worked, the second

how the body was established as specifically female and the third how disorders occured. In taking the first as the subject of this chapter I look at how the physical space of the female body was structured in 19th century texts. The chapter focuses on the language used to observe the workings of the female body and in the shifts in the understanding of the female body outlined in chapter two, section four. In that section I argued that there were three shifts in the perception of the female body between 1870 and 1910. There was a shift from the descriptions of the texture of organs and observations of symptoms to a focus on bacterial invasion of the body and the uterus as the foci of septic disease; a parallel shift in the diagnosis of health and illhealth which became based on the ability to open and explore the female body; and a shift from a focus on isolated parts of the female body to the female body, as a whole, being seen as a medical subject.

From Foucault's analysis of the clinic as a new way of observing the body, my argument is that the key medical practice which produced these texts as codes of medical knowledge is the clinical examination which focused on the body as an analysable and investigable object. My analysis looks at how the female body was constituted as a mechanism which is made accessible through scientific knowledge. In this sense, I am analysing medical ideas in a different way from traditional histories of medicine. I am not so much looking at new discoveries of the workings of the female body with the development of surgical techniques and theories of disease, rather, my analysis looks at the shifts in meanings of the body. This framework is closer to the feminist analysis of the female body which I discussed in section five of chapter one. Like that approach, I am concerned with the production of different metaphors and explanations of how the body functions in order to discern the changes in the structuring of women's physical space. Working from Brown and Adams' argument that there is no natural or true meaning of the female body, an ultimate physical referrant to which medical explanation ever more closely approximates, I do not look at the texts' descriptions of the workings of the body as historical deviations of modern, 'true' descriptions of the female body. In the same way as Jordanova and Le Doeuff point to the dominant images of the female body in the 18th century as an anatomical and mental softness, signified by the breast and feminine cycles, I examine the changing metaphors, symbols and descriptions of the female body in 19th century texts.

3.2.1 Analysis

In Martin's 'On the Recent Epidemic of Puerperal Fever' (1873) the knowledge of the body is based on the ability of the doctor to describe the signs of the disease in the external and hidden recesses of the body. The body is conceptualised as an object on to which the processes of disease are mapped. In this early gaze the techniques to probe the body to uncover finer and finer structures and pathologies are not as developed as the later, more established, gynaecological practices (see chapter two), hence the descriptions are of the external rather than the internal body. Martin notes the colour, texture, heat and moisture of the limbs and face. There is a scientific technical discourse applied to the description of disease, based on empirical observation, though the cause of the disease is not seen as fully explicable. The workings of the body are

structured on a mechanical model of flows and balances of blood, nutrition, waste, heat and nervous energy. The body is seen as made up of circulatory systems which poisons attack through lungs or exposed surfaces. The equilibrium of the body 'sinks' and fades as the disease sets in. This imbalance is reflected both physiologically and mentally, the woman becoming anxious, dull and stupid. The treatment is to try and restore the balance by blistering, leeching, administering laxatives and improved diet. The body is conceptualised as vulnerable and exposed to the atmosphere of Melbourne streets and weather, needing to be brought under the management of the clinical gaze - iodoformed, etherized and observed. In discussing the reason for the frequency of puerperal fever, the text does not see the social condition of the patient (ie class, lifestyle) as important (though referred to) and nor is the patient's subjective experience noted but rather the focus is on the doctors' observations of the changes in the body. The body is seen as a site of symptoms which the doctor must observe, regulate and actively treat. The patient is viewed as one of a series of case notes, a vehicle for conveying the object of medicine's attention - disease, the birth process - to the workplace of the physician.

In Balls Headley's 'On Retroflexion of the Uterus' (1879) the scientific discourse on the individual body is based on techniques which probe the body more deeply than in Martin's treatment. The focus is on the internal workings of the body, the task being to explain the signs of the disease from the doctor's observation of what lies within. In this text the uterus is constituted as central to the workings of the body. The female body is built up around the uterus which is conceptualised as constantly vulnerable to internal pressures because of changing blood flows and to the external pressure of surrounding organs.

The language used to describe the uterus illustrates how important the uterus is to the functioning of the female body. The uterus is described as having a series of characteristics - a body, a cavity, walls, a back which can be broken, an irritable condition, lips, a mouth and surrounding organs (os, fundus, cervix). The condition of the uterus is seen as a precarious one determined by the regular workings of the circulatory system. The body of the uterus can be rendered 'lax', 'puffy','large and heavy' by an alteration in the flow of blood or suppression of the menses. Congestion of blood leads to the body's fluid 'finding difficulty in escaping' and lying 'pent up in the uterine cavity' which then displaces the uterus setting off a train of pelvic difficulties. The treatment is to reduce inflammation and congestion by either forming a 'gutter' to 'permit a freer flow of secretion' or leeching, scarification and injections of ergot to remove the build up of blood in the uterus.

The doctor measures the equilibrium or health of the body in his observations of the internal workings of the uterus. The patient's facial expression where 'dejection of mind is so evident in the drawn face and hopeless expression', (Balls Headley,1879:302) is labelled a 'uterine physiognomy'. In this terminology the emphasis is on the doctors' observation and classification of the patient based on the knowledge of the internal organs which only the doctor can see. The condition of the patient, the position of the uterus and the mechanisms used to rectify

misplacement are described in detail. Retroflexion is defined as,

> a condition in which the body of the uterus has fallen backwards towards the sacrum, and that such a hinge-like bend has occurred that the line of the cavity of the body forms an angle with the line of the canal of the cervix ... [T]he breaking of the back of the womb is caused by increased weight of the fundus, diminished internal support.
>
> (Balls Headley,1879:377) [T]he most common causes are those referable to a heavy or enlarged body of the uterus ... This condition maybe induced by over-exertion, the suppression of the menses, by some chill, by catarrh of the genital organs, masturbation, gonhorroea. The body of the womb is thus rendered large and heavy, when by some accident, fall, muscular exertion, or strain in constipation, a retroversion, or finally flexion may be effected.
>
> (Balls Headley,1879:370)
>
> By some one of these causes, or some such influence, the circulation in the uterus has been so interfered with that the process of degeneration of the muscular tissue, removal of fatty elements, and resulting diminution in size of the organ... have not occurred. A lax, flabby, semi-degenerated, elongated organ thus results, which may presently, perhaps, by some strain, jerk, exertion in defaecation, or retention of urine, fall back into Douglas' space in a state of a broken back.
>
> (Balls Headley,1879:383)

In these passages the condition of the patient is assessed through the doctors' ability to observe and manage the internal body. The uterus is personalised, described in mechanical terms and seen as the centre of the body's equilibrium. The female body's physiological space is structured as a complex organism maintaining an uneasy balance which is dependent on the uterus, its precariousness requiring observation, medical explication and management.

In Balls Headley's 'On a Series of Cases of Imperfect Development of the Female Organs of Generation ' (1886) the uterus is defined in relation to the utility of the female body. The uterus is a cavity waiting for impregnation and the vagina an outlet which allows the flow of blood and entrance of sperm. The vagina is described as a 'canal', 'passage' and 'cul de sac' in a body 'in whom' coitus can or cannot be performed. In the medical treatment for imperfect organs of generation, the aim is to create passages to allow blood to escape and sperm to enter. Interestingly the external appearance of the woman does not correlate with the condition of her internal organs. One woman is described as 'exceedingly well developed in her breasts, pubic hair and a general womanly appearance, another was 'stout and fresh complexioned and had prominent breasts'(Balls Headley,1886:340) and another 'rosy complexioned and rather fat'. (Balls Headley,1886:343) However their marriageability is ultimately determined by their physical ability to have sexual intercourse. The apparent contradiction between the external signs of sexual availability and the internal inability to satisfactorily carry out sexual intercourse is rectified by the doctor's surgical techniques. In this view of the female body the importance of women's sexual availability defines the workings of the female body and justifies the surgical development

of an internal passage even in young patients (one as young as seven years old). In this text the workings of the body are defined as having a sexual function which is clinically observed and managed by the doctor. Sexuality is brought into the clinical gaze as a mechanical function which determines the utility of the female body.

In the texts discussed so far the process of reproduction is both necessary to the female body and brings with it difficulty. This theme is developed in other texts describing reproductive disorders.

Another text which focuses on the workings of the reproductive function emphasises the workings of the generative system as the determining point of the body's healthy equilibrium and the point of entry of disorder into the body. Springthorpe's 'Climacteric Neurosis' (1886) describes the female body functioning as a series of 'end organs' transmitting stimuli through the nervous function. The female reproductive system is seen as a particularly influential end organ which introduces severe disturbances. The major metaphors of the body are mechanical and scientific. The body is made up of a series of electrical currents operating like a battery; a system of 'chemical and electrical reactions' with the reproductive function producing 'an alteration in the character and intensity of stimuli like the make and break of a galvanic current' a 'harmonious automatism' which is disrupted by the reproductive function; and a 'mathematical formula' and 'exact formulation'. (Springthorpe,1886:193) Another metaphor used is of an economy of impressions moving from organ to organ. The body operates as a 'flow of accustomed impressions', a 'practically infinite series of nerve impressions', the reproductive function producing 'many unusual impresssions'. The language used to describe the reproductive function sets it apart from the workings of the rest of the body. Whereas the rest of the body is a precise mechanism of currents or an economy of balances and flows which is subject to 'development, education and decay', the generative system is in constant flux and degeneration. It breaks the body's circuit monthly creating a 'very potent disturbance' throughout the woman's reproductive life. The language used to describe the reproductive function is of decay and softness: 'soft pulpy swelling of the inner surface of the uterus ... fatty degeneration', (Springthorpe,1886:195) it is a 'surprise' upsetting the body's 'equilibrium'.

In this text the body is presented as a delicately balanced economy, a scientific or mathematical formula, a series of electrical currents and set of impressions which the menstrual function disturbs and surprises. The body is constituted in a series of metaphors which depict it as a passive mechanism which the doctor observes. The gaze is not based on the probing of internal workings but more on the doctors' explication of observable phenomena.

As the gynaecological gaze established its subject in the clinical domain, a domain which defined the patient as physical entity where aspects of disease could be observed, the female body, as the subject of the clinical gaze, was, as a whole, constituted as a site of disease and disorder.

In Balls Headley's 'Presidential Address' (1892) the female body's physiological space is defined by a general disorder built into the physiological structure of the body. Balls Headley argues that there is a general structural deficiency of the uterus in the civilised female form, responsible for a high level of illness among civilised women. The body is depicted as a system of inefficient muscles centred around the uterus. The uterus itself is a cavity liable to inflammation and congestion reflecting a deficiency in the vitality of the female body. The uterine organs are described as :

> rather like that of rubber deteriorated by atmospheric influences, than of good rubber, incapable of normal stretching, and of contraction to its normal size.
>
> (Balls Headley,1892:576)

In this text the deficiency of the uterus is constituted as symbolic of women's health in general. All women are uniformly burdened by disease so that the unstable uterus becomes a metaphor of civilised degeneracy played out in the female body. Balls Headley graphically describes how uterine disease progressively affects all women as the inevitable outcome of civilised living. The vitality of the uterus is seen as uneasily balanced, readily swayed into a series of diseases and disorders which prevent conception, producing cancerous growths if it 'does not occupy itself with the production of children' (Balls Headley,1892:537) or if conception does occur, its poor muscular structure also induces disease.

The workings of the body are explained on three levels. First, the appearance of the uterine organs, the medical description of texture and colours of diseased of disordered flesh - the metaphors are of bruised fruit, uncooked meat and white of egg. Secondly, the body as a whole is described as an organism invested with different energies which are uneasily balanced around the reproductive function. If this balance is upset the body is thrown into a series of diseases and disorders which prevent conception and produce general ill health. These two ways of seeing the body constitute the body's physiological space on an internal and external level. On a third level the female body is structured in the general environment. Civilization is used as an explanatory factor about the particular vulnerability of late 19th century woman. The female body is seen as structurally weakened by evolutionary factors which have produced a more vulnerable physical structure which is made even more prone by the behaviour of civilised woman. The reproductive potential of the female body is structured as the crucial element in the definition of the female body space but also the one which introduces the most difficulty to the management of woman's health.

In O'Sullivan's 'Verae Causae of Cancer' (1892) the gaze focuses on the hidden workings of the body, which is, in this example, diseased by cancer. 'The differences of functions, or the mode of life characterising the sexes' (O'Sullivan,1892:629) defines the physiological division of

the female body into reproductive and non reproductive areas. The text constitutes the body as a mass of cellular changes and modifications dictated by the nervous system and a delicately balanced equilibrium. This equilibrium is particularly affected by the activity of the reproductive function which disrupts the balance of the tissues.

The workings of the reproductive system are connected to other environments in the body such as the nervous system and emotional states caused by external environmental factors. The unstable internal environment of the body is directly affected by the civilised environment which produces defective 'innervation and depressed nutrition' and 'abnormal states of the central nervous system'(O'Sullivan,1892:631) The stress on the body caused by processes such as tight lacing, excessive use of neurotics - tea and coffee, 'cramming at school' produces nervous instability and therefore conditions ripe for cancer. In a case study of a woman with cancer, the female body space is structured at a number of levels. The patient is placed in a social context - her employment, marital status, and family background is noted; in a psychical context - her mental condition is described as depressed and unstable due to pregnancy outside marriage - when she 'fretted a great deal'; and in a physical context where the actual cancerous disease is described. O'Sullivan connects the body's nervous and physiological disorder with the woman's social position, viz., a young working woman giving birth out of wedlock. The body is understood as the seat of disease and disorder but also the site where the deficiencies of modern civilisation are played out. The abnormal cells of the uterus and ovaries produce cancer because 'those simple rules of life' have not been followed, leading to the 'denaturalization of our women'. (O'Sullivan,1892:636) The patient's body is made up of 'excitable parts' at the site of reproduction, the area which responds to the pressures of modern living. This case study of the tailoress dying of cancer is presented as an example of the 'advancing tide of invalidism among the fairer half of our community' (O'Sullivan,1892:636). The female body is viewed as a series of internal environments which can be penetrated and understood by the doctor, and is also placed in a social context, a context which structures the workings of the body not so much through the individual patient's feelings and concerns but through a generalised notion of women's social position and role in life.

Rothwell Adam's 'Presidential Address' (1896) structures the female body as a medical entity in three ways - prone to bacterial infection, as dominated by the reproductive function, and as influenced by the civilised environment. The puerperal uterus is regarded as a potential site of infection. It is a wounded surface which may supply a favourable cultivation ground for the germs of putrifaction to thrive on. (Rothwell Adam,1896:51) The female body is defined in terms of the clinical domain as a potential subject for surgery, regarded from a 'surgical' and bacteriological' standpoint. The gynaecologist has a 'surgical armamentarium'(Rothwell Adam,1896:45) with which to guard the female body from infection. It is necessary to isolate the female body clinically. The social environment is depicted as potentially harmful - affecting in particular the activity of the generative organs. The structure of the female body in civilisation

has become strained :

> Is it not possible that many of the ailments which develop in our young women are fostered by the strain on the nervous system, induced by study, which is coincident with the development into activity of the generative organs.
>
> (Rothwell Adam,1896:51)

The physical entity of the female body is medicalised in this text as always a potential subject of disorder and therefore medical attention. It is dominated by a reproductive function which produces a vulnerability both in its action and through environmental stress which works against reproductive activity (for example studying at puberty).

In Arthur's 'Aseptic Midwifery' (1898) the central image of the body is of a vulnerable organism liable to infection particularly during the activity of the reproductive function. Parturition is a,

> surgical operation which nature is constantly performing. One might regard the process as the enucleation of a tumour with the accompanying risks of shock, haemorrhage and sepsis.
>
> (Arthur,1898:109)

The female body is constituted as a system of defences which guards its internal space from attack. Unprofessional interference during childbirth allows bacteria to 'pass through' the vulva which the 'acid secretion of the vagina' is not 'capable of dealing with'. (Arthur,1898:109) The 'invaders' which penetrate the vagina create sepsis and pelvic infection. To eliminate this risk the external and internal parts of the female body needs to be sanitized, shaved and douched to assist nature in its 'surgical' operation. In this text the reproductive functions of the female body, and its vulnerable structure which allows bacteria to 'penetrate', are seen as potential sources of infection needing medical sanitization. Parturition is described as nature's surgical operation, a natural event which violates the order of the body. This contradiction suggests that disorder is inherent in the female reproductive body, an issue discussed in chapter five. The female body, centred around reproductive activity, is an object prey to bacterial infection which the doctors' knowledge can detect and control.

In texts written in the late 1890s the female body has become a complex body space where social and physiological boundaries are closely intertwined. In O'Sullivan 'Presidential Address' (1897) he defines women's physiology as central to her social, political and racial role. The presence of female sexual organs determines a series of functions which the individual woman needs to 'discharge', and socially women have 'physiological duties' which dictate their social behaviour and are a source of national 'strength' or 'weakness'. The text maps the notion of

maternity as a national duty on to an understanding of women's body space. Women are dominated by 'their physical life'. This 'physical life' is defined as a series of cyclical changes and complexities. Unlike men, woman's 'share in reproducing the species ... is complex'. She is:

> provided with organs which undergo extraordinary cyclic changes. During active procreative life ... certain physical processes - 'ovulation', 'menstruation', 'conception', 'gestation', 'parturition', 'lactation' are in constant circuit ... [T]hese complicated processes are easily disturbed ... [A]ll through their time of sexual vigour a thousand causes may throw them into disorder.
>
> (O'Sullivan,1897:20)

In this text the female body space is structured as a complicated and vulnerable reproductive circuit, going through continual cycles of physical change which inhibits any social activity outside of the reproductive function.

O'Sullivan's 'Presidential Address' (1899a) constitutes the female body as a mechanism which is structurally vulnerable and needs protection from bacterial infection. The body is described as a mechanical structure - the metaphor used is of a building - with a 'pelvic floor', 'vaginal walls' and the gynaecologist needing 'tools' to restore the body to its 'physiological integrity'. (O'Sullivan,1899a:377) The centre of this physical structure is the uterus as the 'seat of numerous ills' and the 'storehouse of infectious germs'. The emphasis is on opening and understanding the abdominal cavity and its potential infection. The metaphor employed here is of the body as a language with the doctor possessing a 'knowledge of its grammar'. (O'Sullivan,1899a:553)

In this text the body is a structure to be medically penetrated and understood, a mechanism which can easily falter and a potential source of infection. The clinical gaze is based on sight and explanations which are built from observation gained through surgical techniques.

Rothwell Adam's 'Observation on Pathology and Surgery of Retrodisplacement of the Uterus'(1903) places the female body in a complex environment which works against the body's natural physiological existence. The internal workings of the body are observed responding to the external social environment. The 'habits of life', 'mode of dress' and 'education' of modern woman are seen as displacing the balance of the female body's reproductive equilibrium. The female body is described as pivoted around the uterus which is so delicately constituted that it is easily displaced if care is not taken. Fashionable clothes, dancing, overstudying, neglecting to relieve the bladder, are all seen as factors which contribute to ill health. Rothwell Adam is particularly concerned with the menstruating and adolescent body. At these times the female body's reproductive system is at its most active and therefore most vulnerable. By 'far the larger proportion of females' feel 'disability ' at menstruation (Rothwell Adam,1903:160) and during puberty the 'differentiation of the sexes, mental and physical ... develops in greater potentiality in the female than the male'. (Rothwell Adam,1903:162) Women are observed as ruled by their

reproductive function. They are described as 'the sex' needing to safe guard their 'grand function in the national economy of reproducing her species', particulary affected by their physiological development. Anything which detracts from women being able socially, mentally, emotionally and physically to carry out their reproductive function produces ill health. The female body space is embedded in a social context described as determined by physiological laws. This social context informs the medical description of the workings of the female body.

The internal female body space is constituted as a delicately balanced system of organs centred on the uterus. The uterus itself is described as precariously placed :

> If the general shape of the uterus be likened to an inverted cone, with its chief attachment at the apex, the marvel will be that this top-heavy organ is not more frequently displaced.
> (Rothwell Adam,1903:157)

The 'poise of the uterus' is easily destroyed because:

> [i]f for one moment we recall how the top-heavy uterus is slung, so to speak, in the pelvic cavity, adjusting itself to every movement of respiration and the varying degrees of distension of rectum and bladder, it will be readily believed that the habitual disregard of the function of defaecation and micturition can and do exert an influence on the suspensory ligaments by stretching them and so weakening their supporting power.
> (Rothwell Adam,1903:158-159)

The uterus is pressured and easily unbalanced by a system of muscles, ligaments and organs. The internal organs sit uncomfortably together as the bladder and bowels fill. This problematic physiology is exacerbated at menstruation :

> there are two stages of the menstrual epoch; the first that of turgescence, the second one of gradual relaxation or defluxation. It is quite conceivable that, through some anomaly, the first stage may be interfered with and unduly prolonged, which, by repetition may lead to a pathological engorgement of the uterus ... which ... will exercise some untoward influence on the nutrition of the uterine supports.
> (Rothwell Adam,1903:160)

In describing the effects of the external environment on the female body Rothwell Adam directly links social behaviour and the clinical observation of the uterus. To illustrate how vigorous exercise adversely affects women's reproductive potential Rothwell Adams gives an example of a champion tennis player who played while menstruating. The 'prolonged violent exercise, and the

consequent nervous and muscular exhaustion entailed by competition during the menstrual epoch' lead to a pathological 'engorgement of the uterus'. (Rothwell Adam,1903:161)

Another example is the effect of tight lacing on the uterus. Rothwell Adam observes how the increased 'abdominal strain' pushes on the uterus:

> This menace of weight not only exercises a downward drag on the abdominal wall but impedes the free play of the abdominal muscles, both during exertion and respiration, the whole tendency being to crowd the abdominal contents towards the pelvic brim, and thus assist any latent tendency to prolapse that may exist. It will be obvious that in the young this factor will be likely to prove of prime importance in comfirming or exaggerating what may be termed the normal anteversion of the uterus, but the constant strain on the uterine ligaments, more especially in consideration of the alternating vascular conditions associated with menstruation, is calculated to produce a relaxed state, which permits a luxation of the uterus in varying directions.
>
> (Rothwell Adam,1903:162)

In this text the observational language used to describe the workings of the uterus offers a representation of woman as a delicate creature ruled by reproductive difficulties. There is a struggle both internally and externally to maintain a healthy balanced state.

In Schalit's 'A Case of Early Menopause' (1904) the physical structure of the body is built around the reproductive act. The body is described as a mechanism which revolves around the reproductive function. The text describes in detail woman's reproductive function as producing the existence of woman:

> In the female organism from puberty to the climacteric two existences are simultaneously produced: that of the individual and that of the species ; that of the organism in general and that of the genital apparatus in particular.
>
> (Schalit,1904:409)

The body is an organism dominated by the reproductive process. The major metaphor used to describe the body is of an economy dictated by an 'incessant saving' towards the 'impending conception'. It has a 'capital' and a 'saving power' which finishes when the 'organism grows older and is no more fit for procreation'. (Schalit,1904:409) Physiological activities such as pregnancy and lactation take away the mother's 'capital' wasting the muscles. If the mother does not have a good 'saving power' or 'capital' the 'future child is badly nourished ' and has a delicate constitution. The menstrual act is a 'waste product' of unused 'nourishment for the child. The body is also structurally described as a mechanism with a 'genital apparatus' and the organs as wheel. In this text the metaphors of economy and machinery constitute the female body as a

reproductive mechanism centred on the reproductive function.

3.2.2 Summary

In these texts the female body is structured as a medical subject in several different ways. The earlier texts focus on the external and internal appearance of the body. In Martin's description of puerperal fever disease is observed on the body's surface. In Balls Headley's text observations are made based on the doctors' exploration of previously hidden organs of the female body.

Gynaecological and obstetrical descriptions of the workings of the body start from the premise that the female body is dominated by reproductive activity and that the uterus, as the site of conception, is the dominant organ. In the development of gynaecological and obstetrical techniques which allow the internal organs of the female body to be opened and explored, the gynaecological and obstetrical gaze establishes a more wholistic understanding of the reproductive function as central to the female body as a medical subject. The earlier focus, as illustrated in Springthorpe's text, is on the reproductive system intruding into the smooth workings of the body. The body is seen as a mechanism of electrical currents and flows of energy which are disturbed by the reproductive function. The reproductive function is perceived as introducing disorder, which though necessary, unbalances the economy of the body. As the focus moves to the uterus, and the workings of the reproductive function, the language shifts from observational descriptions of the surface and appearance of the body, with the reproductive system an intrusive element, to the whole body becoming defined as an integrated reproductive structure. In the early establishment of the body as a medical terrain, the body is seen as an economy which is based on the uterus. The uterus is the site of a monthly loss of blood and periodic pregnancies. The female body is divided into three areas - the internal physical structure, the external appearance of the woman and the female physical entity as a whole which is affected by the social environment. In the constitution of the internal physical space the body is seen as a mechanism, a system of organs, vessels and muscles working towards reproduction. The body is described metaphorically as a battery, an economy, a system of rubber tubing, excitable and neutral parts, circuits and impressions.

In the later texts the gynaecological subject is established as more than a series of external and internal organs integrated by the reproductive function. In this gaze, women's social role becomes important in defining how the physiology of the reproductive system works. The female body space is structured as a reproductive mechanism which is determined and determines women's social function as a reproducer. In this medical gaze the notion of reproduction as defining the essence of the female body, and the notion of reproduction as disorder, come together in a complex picture of woman as a medical subject. Instead of dividing the body into surface appearances with the disruption of the reproductive function and delicacy of the uterus, the whole body is seen as defined by a femaleness which is determined by women's reproductive ability and disorder. Women's existence is brought into the clinical gaze so that women's social role is a medical concern and reproduction seen as a medical event. In the later gynaecological and

obstetrical gaze women are now general subjects of the clinical gaze. The reproductive body, as the subject of the clinical gaze, is removed from social life - understood in an antiseptic context. The language of the clinic is of bacteria invading the body particularly during reproductive activity. Physical functions are medicalised described in strong terms - pregnancy is 'nature's operation', the body needs to be 'guarded' and penetrated with a surgeon's 'armatarium' or 'tools'. Simultaneously, though the body is removed and viewed as a physical object which can be 'observed' and 'penetrated' this physical entity cannot be divorced from women's social role and the social environment. The environment and social factors are also medicalised. Factors of heredity, fashion and social pressures unstabilize the internal or 'physical life' of women. What is important is that external factors workings against women's physical (and social) reproductive tasks are medicalised in the description of them as destructive to women's internal organs and reproductive ability. In this process of medicalising the female body notions of civilisation as disordering and unbalanced are mapped on to the workings of the individual body. The dominant image of the body is integrated into a social environment from which the unstable female body needs medical protection. The uterus' instability now symbolises both female ill health and social inadequacies. The uterus becomes the most vulnerable site of infection and disorder which reflects social pressures. The physical 'fact' of reproduction fixes woman as a medical subject on a physiological and social level.

In these latter texts the medical description of the workings of the body is integrated with social and anthropological explanations of women. The reproductive process is nature's surgical operation, in need of medical surveillance and interaction and closely connected to social changes - women's ' physical life' being determined by social processes. Rothwell Adam's 1903 text is a detailed example of how internal /external appearance of the workings of the body are integrated to social explanations of women's behaviour. Woman's whole life is seen as a potential subject of the medical gaze. The body is an economy based around the uterus in the same way as woman's social life is based around the reproductive function.

What emerges in these texts' explanations of the workings of the individual body is that during this period a 'physical life' of woman was structured as the province of medical knowledge. This physical life, centred on the external and internal workings of the body, focused on the uterus, is constituted in such a way that all other meanings of women's life are seen to affect or be affected by it. This social structuring of the female body has other implications in terms of the link between clinical knowledge and concerns with the management and health of the social body.

3.3 The Workings of the Social Reproductive Body

In this section I look at how 19th century gynaecology and obstetrics addressed the concept of the social body. My examination focuses on how medical discourse established grounds of authority in social issues by looking at references in texts to social change and development. My

argument is that these abstract and nonclinical discourses were critical in defining a new reality of the female body in both a medical and social context. In my analysis of the following four texts I look at how the notion of evolution, the dichotomy between nature and civilisation, and the metaphor of society as an organism ruled by naturally based laws of life functioned as social myths which linked the physical structure of the body to the metaphors of the body as society. The texts I look at are particulary rich in metaphoric language because they link these primary and secondary levels of understanding the body in their explanation of health and disease. In referring to social Darwinistic ideas of growth and progress, for example, these texts can be read as codes of meaning about 19th century ideas of social struggle, conflict, individualism and the perception of growing illhealth in a rapidly expanding urban industrial world. In concentrating on explanations of social order this section focuses away from observational language of the workings of the individual body to explore metaphoric language which linked models of social progress to explanations of physiological structure. The section looks at the production of scientific codes of meaning of the female body as a naturalising of 19th century social views.

3.3.1 Analysis

In Springthorpe's 'On the Psychological Aspect of the Sexual Appetite' (1884) the notion of the individual and social body are linked through the idea of the sexual appetite. Both primary and secondary levels of description parallel each other as metaphors of civilisation's disorder. The text reads as the story of social progress reflected in the individual and social body.

At the level of observational language, the female body is taken as the prototype of the sexual organism. The workings of the body are described in terms similar to the descriptions analysed in section one of this chapter. This is an interesting equation of woman as 'the sex' - the stable, primitive essence of procreative ability. This is not the same as male sexual dominance (symbolised by the penis, as in Freud) rather it is the notion of 'woman' as the essentially passive sexual being which awaits impregnation. Her body is ruled by the need to reproduce. The body is made up of fluxes and flows, which occur in the female body due to the 'peculiar and periodic excitement of the ovary, with a similar and generally simultaneous excitement of the uterus and appendages, all resulting in the monthly flow known as the catamenia.' (Springthorpe,1884:9) And, 'similarly in the man, single sound and continual sufficient secretion has been produced in testes and associated glands from fourteen to twenty eight days to cause emission by an action similar in all essentials to that of menstruation'. (Springthorpe,1884:9) This description suggests that man's procreative ability is a copy of the woman's, though it is important to stress that man is ultimately seen as having the active guiding role in sexual activity and the progress of the race. These periodic secretions which define the body's sexual properties are also closely linked to the nervous system. This system is described in a series of mechanistic metaphors as having reflex responses to the functioning of the sexual appetite. The body is set up as a site of communication between these two systems, dominated by the sexual appetite.

On to this primary level of observation about how the body works is mapped the workings of the social body. At this secondary level society is metaphorically described as a body or organism which has characteristics similar to the physiology of the individual body. (In this case the body can be taken as neutral - though elsewhere in the text, sexual characteristics can be ascribed to Springthore's meaning of the term 'body'.) Australian society is described as a young, unstable colony which is unbalanced by the hot climate and unstable history. The unwritten contrast is with the stablity and solid past of Britain. The population is depicted as struggling to maintain a balanced growth despite its 'fevered past'. By use of metaphors such as 'fevered' and 'neurotic tendency' the population is treated as a medical subject in a 'grave state of affairs' which needs the advise of doctors concerned to 'improve the sexual atmosphere of our rising population'. (Springthorpe,1884:9) In this context the doctors treat the 'sexual appetite' of the whole population. As with an individual body or sexual 'organism', the sexual atmosphere of the population is subject to flux and change. Springthorpe describes the sexual instinct as a driving force behind civilisation's developments:

> the sexual appetite plays a part scarcely second to any other in originating and directing our ideas, emotions and volitions; it weaves much of the web of life. Between this appetite's inheritance from savagery and the place it assumes, in the highest modern, in whom it has gathered round it refining influences and high conceptions that have almost transformed it from self-indulgence to self-sacrifice, there is an almost infinite series of degrees, all of which our complex civilisation may be said to mirror ... We have every grade ... from those whose whole atmosphere is discoloured with its influence to those across whose path it falls only in scattered and light-giving beams.
>
> (Springthorpe,1884: 10)

The sexual instinct is an abstract force which determines the individual's character and the character of the race. It symbolizes the progress of social life:

> a wonderful chapter in the history of our race would be that on the past phases of this powerful instinct. Under the recognised headings of polygamy, concubinage, adultery and monogamy, it will be found to have been one of the most important of our social factors. To ignorant and unnatural attempts after its gratification we would ascribe ... the social evil ... [W]e would be called to shudder over the bestialites of Sodom, the nameless infamies of Rome and the modern wantonness of Paris. In the rise of Mormonism, in the doctrines of Malthus ... its influence has reached the dignity of a system ... [T]he world will never know how much it owes to the reflex of sexual restraint, as exhibited in the asceticism of the monks ... the heroism of the martyrs ... the foundation of orders of perpetual chastity ... In our own day it has prompted some of the greatest crimes and aided some of the most extraordinary movements the world has ever seen, and hysteria and insanity are but two prominent points in its orbit of world-wide dimensions and life-long duration. And explain it how we will, it is unquestionable that this appetite is bound up in the same

> sheaf as our better nature, and that its unnatural gratification carries with it more or less a perversion of the higher feelings, and even entire degradation of the moral sense. This may be, as Carpenter suggests, merely an expression of the general laws, that the development of the individual and the reproduction of the species stand in an inverse ratio to each other, but it seems to me more probable that it is from constant occupation of the mind upon what is essentially selfish that the degradation comes. Eliminate the selfish element from the instinct, or transform it by other considerations as it may be transformed, and there is no antagonism between the individual development and the multiplication of the race - rather the opposite.
>
> (Springthorpe,1884: 10-11)

This description of the sexual instinct employs evolutionary language about the struggle of survival. The sexual instinct operates as a dialectic force in history - it is both the prime mover in the development of civilised progress and a force which can work against natural laws. Man's existence moves from balance to imbalance through the various stages of evolutionary development from ape to modern society. The language used refers to moral, scientific and anthropological discourses. The 'moral wantonness' of Paris, the 'bestialities of Sodom' are referred to alongside references to Malthus, Carpenter and the 'history of our race'.

In describing the impact of the sexual instinct on the ages of man Springthorpe offers his scientific explanation of how the clash between individual and social needs should be resolved. Again the social body is described as a patient, which, because of the attributes of sexual activity is essentially male. Springthorpe discusses modern civilisation's unusually neurotic practices both by a description of modern society's ills - the 'large and increasing proportion of the disorders, mental and physical by which human life is embittered ... the evils resulting from the widespread sensuality' (Springthorpe,1884:11) - and an anthropological survey of other modern and past civilisations - the decay of ancient Egyptian, Roman, Greek civilisations and the struggles of modern day India and China. Springthorpe argues that the English races have the potential of a great civilisation 'thanks to the expansion of England over every quarter of the world'. However, this will only occur if social behaviour comes in line with natural laws. In order to avoid 'Malthusianism', 'infanticide' and the diseases of 'sexual wantoness' which characterize the decaying civilisations, it will be necessary to manage the sexual instincts of the population. This management is presented as a scientific and practical problem - medical counselling is needed to 'discourage lower forms' and 'strengthen the higher' to exercise the sexual instinct. Springthorpe argues that it is necessary to:

> show the real dangers of the indulgence and the reasonableness of the restraint, and the battle would be half won, whilst in a widespread knowledge of the value and necessity of such temporary self-mastery lies perhaps the only cure for the social evil and all its miserable surroundings. And, in view of the magnitude of the issues at stake and the low sexual condition of a large portion of our community, surely the time has arrived

> when some professional discussion should take place and out ot the multitude of counsellors some wise course of conduct be adopted.
> (Springthorpe,1884:13)

Society needs to be taught the 'scientific laws' which determine the race's physical needs.

This text brings together several contemporary social concerns about the evolution and the history of the race, Britain's imperial superiority, Carpenter's laws of sexual constraint, Malthusian concern with the growth of the population, moral concern with prostitution, medical concerns with the physiology of the body and the doctors' role in both social and clinical issues. By the logic governing the text the social laws of civilisation should be the natural laws determining the body's physiology. In this argument, medical management is the key to maintaining the health and stability of the population and the individual body. The sexual appetite represents both nature, understood as a necessary instinct, and a force which governs social progress, or, in its present form in modern civilisation, disorder. The text illustrates how the evolutionary metaphors of progress, struggle, instinct, racial development, natural laws, operate on both an individual and social level. In this context the body is a mechanical microcosm of larger forces at play in the civilised world.

Springthorpe's text raises several points in relation to the meaning of the individual and social body. The generic meaning of the individual body is contradictory. On the one hand the female body's reproductive cycle is taken to be the basis of sexual functioning. The male sexual emission is described as being something similar to the female menstrual cycle. However, when talking about the pathology of sexual activity, it is the male body which is the focus. The female body is simply taken to have the same symptoms as the male ('corresponding states in the female'.) (Springthorpe,1887:9) In the male individual body there is an inherent tension between sexual excitement and reproduction - a tension which does not exist in the female 'sexual organism' because the 'peculiar and periodic excitement of the ovary' directly leads to menstruation and therefore reproduction. The individual male body has to struggle with sexual desire which is relieved in masturbation or prostitution if it cannot be satisfied in the proper way - ie by marriage. In discussing the social body it is the male drive which determines the true course of history - 'to ignorant and unnatural attempts after it gratification we would ascribe all the distressing psychology of masturbation and the social evil'. (Springthorpe,1887:10) Women's role is as the passive objects of these 'general laws' of 'abuse and excess' - suffering degradation or fulfilment according to how men express their sexual needs. In this sense, the female body is the object of sexual desires, where as the male body is the subject. Women's reproductivity is a source which can be used or misused by social codes and conventions.

Springthorpe's focus away from the female body can be explained by his concern with the 'sexual appetite' which he depicts as a male need to control and master. As a specialist in nervous disease and public health his primary interest is not in the female reproductive organs

and therefore his references to woman as the prototype sexual organism and woman's role in the social body can be seen as important points at which general medical views and gynaecological and obstetrical concerns intersect. My reading of the text suggests that the female body is primarily a reproductive body - the essence of individual sexual organism and the object of male and social desires and needs in the progress and propagation of the race. The social body is made up of the passive female element and active male element both of which need medical attention and social regulation. The 'social body', in this sense, is generically neutral, but woman's role is still that of reproductivity, a reproductivity which is disembodied from individual sexuality which belongs to the male. (A concept I discuss in chapter four.)

Putting to one side the issue of gender, the relationship between the individual and social body is very clearly illustrated in this text to be integrally linked through the notion of the sexual instinct, to racial progress and natural laws. The individual body takes on a social significance beyond just that of a physical entity - it is the means through which social and moral progress is expressed. Similarly the social body is depicted as determined by the expression of the individual body's healthy sexual appetite. Central to both is the notion of sexuality and reproductivity. (Again an issue I take up in chapter four.) In Jamieson's 'Sex, In Health and Disease' (1887) sexuality refers not to sexual appetite or instinct but rather to the distinguishing physiological features of the male and female body. As in Springhtorpe's text the physiology of the body is linked to social and evolutionary discourses relating to the social body. The text uses anthropological evolutionary metaphors to describe the workings of the individual body and its place in nature and social progress. Medical knowledge of the body is constituted as part of the general study of man, of science and anthropology where generic man's 'physical and mental constitution' is studied in 'disease as well as health on both sides of his nature' and ' by their comparative degree of civilisation'. Sex is defined as the 'one obvious division more fixed and definite than any' other classification. (Jamieson,1887:146) The human race is understood as a species distinct from other animals with gender making a further division within humanity,

> we might properly enough speak of Andrology and Gynaecology, as being concerned with the study of the physical and mental peculiarities of men and women respectively.
>
> (Jamieson,1887:146)

Reproductive capacity is the symbol of this difference. Women and men are different categories in the study of man because of the,

> dominant influence of motherhood, actual or potential, on the physical and mental economy of women. The reproductive function undoubtedly has a larger place, for good or evil, in the life of woman than in that of man.
>
> (Jamieson,1887:146)

Although the reproductive organs are present in both male and female bodies, it is the female reproductive function which is the defining point of difference between the two sexes and consequently, reproduction is at the core of the definition of woman. This notion of reproduction has important implications. On a metaphorical/secondary level women's physiology symbolizes the race's need to reproduce and evolutionary process. The text focuses on the female body as a metaphor of evolutionary progress. Women are depicted as having reached a higher stage in evolution than men:

> the superior grace of form in the human female is an indication that, among the members of our race, the advance of development has been reversed [that is the reverse to the animal kingdom] and that physically women have reached a higher grade of evolution than men.
> (Jamieson,1887:148)

They have succeeded in casting off :

> most of the hirsute appendages, [presumably this is a reference to beards and bodily hair] of which men are so proud, forgetting that these are but miserable remnants of the protective covering which our remote ancestors possessed, when they took shelter in trees, and struggled and fought with wild beasts.
> (Jamieson,1887:146)

Women, as a category, are labelled by their sexual organs and physiological invariance in contrast to men who are defined by their activities and variance. In this sense women's body symbolizes evolutionary development.

> An essential point in the doctrine of evolution is the tendency which both plants and animals have to vary; variations thus spontaneously arising being perpetuated and possibly intensified by hereditary transmission. This tendency to vary, under the influence of changed conditions, is very marked among the lowest races, great alterations of structure being readily effected in a short time and in a few generations ... [T]he human races ... are now very fixed ... [T]he mere fact of man having attained the highest degree of development among animals, is sufficient to account for the comparative fixity of his general and racial characteristics.
> (Jamieson,1887:149)

In this quote, human beings are seen in a species continuum with the rest of the animal world and the human female body represents a level of perfection in the evolutionary process which differentiates it from the male. Women exhibit a 'high vitality' and 'a greater power of resisting

the complex influences which are at work causing disease and death'. (Jamieson,1887:151) Jamieson suggests that civilised development has aided the biological evolutionary process so that in 'highly civilised communities' women exist 'at a higher grade' than men. (Jamieson,1887:152)

In the same way that the female body stands for perfection and the evolutionary process it also symbolizes civilisation's degeneracy. Women's greater vitality and complex constitution are accompanied by inherent defects. If women stray into the masculine mode of life they suffer from masculine diseases, but more importantly civilised women are failing to fulfil their racial duties. In this discussion the female physique symbolizes the state of civilisation. Modern woman's liability to disease reflects the race's affluence in the same way that in Rome:

> gout became comparatively common among the Roman Ladies with the growth of luxury in the Imperial City, and when women too often ceased to be womanly.
>
> (Jamieson,1887:154)

Jamieson argues that because the process of evolution brings with it constitutional complexity and specialization physiological laws must be enshrined as social laws or both the individual female body and the population's growth suffers.

> It has been arranged that the function of child-bearing falls on women, and if the race is to be perpetuated at all, it is apparent that the fulfilment of that function must always stand in the way of the average women ... engaging in the more absorbing and laborious pursuits ... for which man's ruder strength and lessened susceptibility make him better adapted.
>
> (Jamieson,1887:158)

In this text the female body symbolizes civilisation's progress, specialization and also potential for disorder. The text constitutes the female body through an anthropological, social evolutionary, political and social understanding of woman with references to Darwin, Ruskin, the classics and J.S. Mill. The medical explanation of the female body is presented as the natural justification for all these social understandings. In the bringing together of these points of view woman is constituted as a key symbol of the progress and continuation of the race. At the level of metaphoric language femaleness, signified by reproduction, is presented as a sign of difference, complexity, evolutionary progress and potential disorder.

In the two texts looked at so far in this section, the female body has greater meaning than just a physiological system which is observed in the clinical domain. In Springthorpe's text the female body represents the sexual organism and stands as a metaphor of natural laws and disorder, the balance and imbalance of sexual instinct which determines the population's health and growth. In Jamieson's text the female body is described in evolutionary terms, representing refinement and

specialisation but also representing a potential for over- refinement and liability to disorder if the special needs of the female organism are not fulfilled.

Balls Headleys' work on diseases of women (1892,1894), also graphically combines the notions of disorder, nature and evolution in his exploration of gynaecological disorders. In this text the focus is directly on the female body as the object of natural laws and civilising processes and as the key to the medical management of the social body. As in Jamieson's text, women's reproductivity defines the difference between the sexes, but in Balls Headley's text this is not just a symbol of refinement but also a symbol of the propagation and progress of the race. An evolutionary framework is employed to explain the importance of the medical management of the female body. The sexual appetite, as in the previous two texts, is defined as a primary concern - both as an appetite of the individual body, equivalent to the 'appetite for food or liquid', (Balls Headley,1894:1) and an instinct which is defined as the instinct to propagate the race. The two sexes experience sexual appetite differently. The male body actively gives the sexual equivalent of food or liquid - men actively desire sexual intercourse - whereas women exist to receive this nurturance, and physically waste (as they would if they did not have food or drink) if they do not receive sexual attention. The secondary level of explanation is presented as the most important way of understanding the body. The observational view of how the female body functions as a reproductive system is filtered through notions of propagation and social progress so that the 'raison d'etre of woman's form' is the evolution of the race and the disorder of the social state is mapped directly on to the female body.

The text explores the notion of evolving disease of women on several levels. At a primary level of observation the body is described as a series of cells ordered by the need to propagate the race, and at the secondary level of description the female body represents natural instinct, evolutionary developments and the degeneracy of civilisation. The female body is understood through 'laws of propagation' where:

> Certain general laws of propagation obtain in man and woman, not less than in all Nature, of which the first is the instinctive, all-pervading desire of union of the male and female generative cells, the spermatozoon and the ovule; and the second, the influence of environment on the laws and customs regulating the mode of such union.
>
> (Balls Headley,1894:1)

The diseases of the female body are explained as if every female body shared general properties which are part of a natural order. Femaleness, as a category in nature, is defined by its reproductive ability.

In the natural world:

> the existence and formation of females are for the purpose of the propagation of their kind, with which their minds, feelings and conduct are so much engrossed; while the self-sacrificing care bestowed on their young is the admiration of the educated.
>
> (Balls Headley,1894:2)

This natural order determines women's existence from daily trivialities in modern life where,

> [t]his instinct of the love and care of the next generation is extraordinarily exemplified in the delight in dolls of young girls, which continues ... up to the constitutional age of the commencement of the capacity of childbearing.
>
> (Balls Headley,1894:2)

to the 'bringing up of the next generation' and, in older women, 'baby-worship'. (Balls Headley,1894:2)

Like Springthorpe, Balls Headley separates out the 'sexual appetite' from sexual instinct. If women actively desire sexual intercourse this is really an instinctive need to propagate the race.

> It is evidence of sexual instinct in girls for the bringing up of the next generation, but has no reference to sexual appetite, which may develop subsequently as a cloak for propagation.
>
> (Balls Headley,1894:2)

This statement links individual women's behaviour to the needs of the race and ultimately to the history of civilisation. Women's sexuality is clearly defined as reproductive as distinct from men's sexual appetite, and this female reproductivity carries significance for both the definition of the individual and social body.

The theme of women's role in the history of civilisation is developed by Balls Headley in a detailed discussion of the evolution of modern society. He traces a history of society by looking at changing marriage practices throughout the ages. He begins with the practices of polygamy, illustrated with references to biblical families, and ends with modern monogamy, the state of existence reached in the late 1600s. The history is marked by a series of antagonisms. Women's existence is depicted as a natural, biblically ordained 'ancestral debt' which must be paid if evolution is to progress smoothly. Civilization, as it has evolved from the 1600s onwards, is seen as acting in 'direct antagonism' to the 'natural order'. Another anatagonism is between men and women's instinctual drives. Though these intincts are designed to work harmoniously, in civilised forms, a struggle between the sexes has developed so that modern society places cultural and social pursuits ahead of marriage and men's activities, representing the drive towards modern

living, clash with women's role as propagator of the race.

Balls Headley constructs this argument using statistical and anthropologically inspired evidence. He calculates the general state of woman from population statistics to show that civilised woman is losing her health and productive capabilities in most civilised countries. (Balls Headley,1894: 13 - 19) His anthropological arguments compare civilised woman to 'savage' woman. In this view the 'native races' are seen as closer to nature and therefore healthier and more efficient than colonial Victorian women.

> Among native races marriage occurs at the time of puberty, when Nature shows the capacity to bear children, and they propagate apparently without undue difficulty; and thus it is with all animals. It is true that our girls are at that age not fit for childbirth, but this is the effect of the heredity, life, and education of civilisation; they ought to be. Granting ,then, something for late physical development because of mental education,that is no reason why the satisfaction of the sexual instinct and the act of propagation should be deferred to such a late age of life, nor why it should be in process of being deferred to a yet later age as time in civilisation advances, which is contrary to the indications, dictates, and demands of an organism formed for this purpose, and to the example of Nature.
>
> (Balls Headley,1894:12)

In this view the notion of the female body works in two ways. In its natural form, as the essential reproductive body, it symbolises the natural and true way of life. In its civilised form, as the product of the rapid advancement of the white races, it reflects disorder. The potential perfection of motherhood in civilisation is marred by artificial nervous development. The contradictions of woman symbolizing nature and civilisation, perfection and degeneracy, reflects the late 19th century understanding of civilisation as at once progressive and containing within it dangers and artifice.

In Balls Headley's descriptions of women's disesase the metaphors of women as civilisation and civilisation as disorder leads to the female body, itself, representing that disorder.In a general form the civilised female form is a disordered structure.

> Woman has come to be so feeble in the muscles of her back, that she cannot stand comfortably without splints around her body. The foundation of virginal disease[1] is laid, which may be increased by the occurrence of delay or absence of marriage, of which parturition continues.[2] A Guiana woman bears her child, and immediately rises and nurses her husband in pretended childbed; other native races make no difficulty about childbirth. A civilised woman is delivered of her child with difficulty, and perhaps by art, and suffers lacerations. Her sexual diseases appear to be rapidly

1 Balls Headley's term for gynaecological disorders which he attributes to an unmarried state.

2 By this he means women who have suffered from virginal disease (gynaecological disorders) will find their afflictions exacerbated by the inevitably difficult parturition they will experience.

> becoming usual, probably mainly due to the masses of people becoming better off, and adopting ... customs, which are antagonistic to health. Thus civilised woman is extremely invalid; but fashion is omnipotent, though woman suffer or die, for competition is in the ascendant.
> (Balls Headley,1894:28)

In this passage, women's pathology is explained as a product of the struggle for existence. Modern civilised woman's troubles represent the disorganization of evolution, the result of modern society failing to obey natural laws. The passage maps the physical, racial, social and economic constraints on women's existence which have produced difficulties in reproduction and a general female pathology. Tight lacing is an example of one factor among many which contribute to women's evolving disease. In discussions of the effects of tightlacing women are constituted as useless at a social and evolutionary level because the civilised races have failed to obey the 'inherent desire and customs of the human race'.

In this text woman, herself, is a metaphor of disorder. The medical understanding of the female body is informed by discourses on nature, evolution, anthropology, measurement of the population and civilisation so that the female body is constituted as the key to social stability, and the doctor's knowledge of female pathology presented as central to the progress of the race.

Balls Headley's text focuses on the female body as inherently disordered so that the individual and social body are constituted as the same. The female body carries the burden of evolution in its very structure. O'Sullivan's 'Presidential Address' (1907) is more concerned with the health of the social body. In this text the female body is the focus of social degeneracy but not, as in Balls Headley's text, because it has evolved to a diseased state. Rather it is the social body which is diseased (morally as well as physically) and the female body is the site where these social disorders are enacted. In this sense, the subject of the text is race suicide rather than women's pathology but, because of the importance of women's reproductivity, female ill health remains a prominent issue. O'Sullivan introduces another dimension to the social understanding of the female body. The preoccupation is not so much with evolutionary development, as in the previous texts, but more with the management of the race. Medical views are put in a professional and religious context with moral, legal and ethical arguments naturalised in O'Sullivan's scientific, medical descriptions of diseases infecting the social body. As in the other texts, sexuality is seen as the key area where doctors must manage the population, and also the defining aspect of the female body. The text's language brings together religious and legal images with moral and scientific judgements about social behaviour, which are presented as natural laws.

The female body is presented as the major victim of potential race suicide. Women's health is damaged by the 'debasement and moral ruin of civilised life' and the 'decadence of national power and strength'. The major causes of this social ill health are venereal disease, criminal abortion and the prevention of conception. These diseases are described as a 'matrimonial', 'hydra-headed scourge' which produces 'sterility, miscarriages, chronic invalidism and even

death'. (O'Sullivan:1907:57) The description of how these sexually related diseases affect women refers to biblical, classical and legal discourses. Venereal disease is depicted as a disease of the unvirtuous and unchaste. Venereal 'germs' 'invade' the ' nuptial couch' and the uterus offers 'the most fertile soil for the continued life and development of these micro organisms'(O'Sullivan,1907:58). In these descriptions the female body's uterus and tubes become graphic examples of moral decay:

> the same germ, when introduced into the genital tract of the female, produces such radical changes in the mucous membranes, that sterility on the part of the woman is produced ... The activity of the pathogenic process also produces such a tumefaction of the tubal walls that the lumen of the tubes is obliterated, and hermetic closure follows from adhesive inflammation.
>
> (O'Sullivan:1907:58)

O'Sullivan is concerned primarily with the female reproductive process from the perspective of producing future citizens. Venereal disease is seen as a problem which is primarily the responsibility of the male. The female body is the innocent receptacle of sexual diseases which are transmitted through the maternal passages to the new born infant. His major concern in terms of managing the female body is with the practices of abortion and contraception. In this context, the female body is a reproductive vehicle. His primary concern is with the child as a future citizen of the race rather than with the woman's health. He condemns any form of abortion on ethical and moral grounds. He argues that it is scientifically and medically unjustified in all cases. Anything which detracts from the fulfilment of the reproductive process is destructive, both for the individual and social body, whether the mother's life is in danger or not. O'Sullivan argues that in a medical understanding of abortion the child's life should be as, if not more, important than the mother's :

> The antiquated argument that the foetus is an 'unjust aggressor' will not bear investigation. The innocent foetus is not placed in utero by any act of its own. It has done nothing wilful to constitute itself a menace to the mother's life. It is the victim rather than the cause of obstacles to natural delivery ... [W]ith such life saving procedures as Caesarean section, symphysiotomy ... giving a mortality rate hardly greater than that of the simplist abdominal section, and sanctioned by every canon of science and ethics, the self-respecting surgeon will shrink from imbruing his hands and his conscience in the blood of the innocent babe in utero.
>
> (O'Sullivan,1907:63)

Abortion is described in legal images: the doctor is 'guilty'; there is a need to 'justify' a 'foul crime of murder'; and the 'victim' is 'innocent'. He compares the notion of abortion with famous

murder trials and evokes 'old Roman law' as an example of what civilised English law should not countenance. Legal images of natural justice are reinforced by the 'facts' of medical knowledge. It is a scientific fact that 'we as biologists, know that the ovum is alive from the moment of conception'. (O'Sullivan,1907:64) Furthermore, morally, abortion symbolizes the unethical and immoral standards of civilisation. The language used to describe abortion is full of moral righteousness. Abortion is one of the ' triad of evils'the other two being venereal disease and contraception. It is against 'divine claims to life'. The doctor who refuses to perform abortion is a 'capable, conscientious obstetrician', 'influenced alone by moral and scientific considerations', 'his feelings' are truly ' in the interest of that human life of which he is the trusted guardian'. Women who have abortions are 'sad indeed, and sorrowful' performing an 'unhallowed sacrifice'. (O'Sullivan,1907:61) Performing abortion is as unethical as it was in the Roman civilisation (the archetype of a degenerate, doomed empire) where the child in utero was treated as a 'neoplasm' rather than as a human being.

Though abortion is morally equivalent to murder, it is the prevention of conception which is, according to 0'Sullivan, the most common cause of ill health among women and therefore the act which symbolizes the disorder or immorality of civilisation most clearly. In discussing the prevention of conception 0'Sullivan is primarily concerned with the health of the social body. He uses statistics to measure the health and growth of civilisation. In this argument civilisation is equated with all white English speaking societies. He quotes English surveys and Sydney Webb to prove that there is a general decline in the birth rate of civilised countries over the last decade. 'Contraception is indicative of the poor social condition of society, caused by fashion, cowardice or shiftless poverty ... [created by] the many artificial wants and demands'. (O'Sullivan,1907:67) The individual body, in this context, is the point at which social degeneracy can be monitored. Women's behaviour represents the social and ethical degeneracy of modern society.

Modern women are, 'false to their moral and physical obligations ... the wife (is) forgetful of her duties she owes to her state of life.' (O'Sullivan,1907:66) And, as the nation's and individual's happiness are determined by women's health and ability to reproduce, social laws are being flouted. O'Sullivan warns:

> Nature's immutable laws ... cannot be ignored ... [sex] is a profound fact, which underlies all the relations of life and permeates the whole fabric of society.
>
> (O'Sullivan,1907:66)

Here the healthy female body symbolizes 'the sex' and as sexuality or reproduction is constituted as the key to managing a healthy society, the female body also represents social progress. Contraception, by allowing the separation of the 'moral' (ie religious) social relations from physiological needs produces physical and moral harm. O'Sullivan argues that,

> when a wife defiles the marriage-bed with the devices and equipment of the brothel, and interferes with nature's mandate by cold-blooded preventives and safeguards; when she consults her almanac, and refuses to admit the approaches of her husband except at stated times,
> (O'Sullivan,1907:67)

sexual intercourse is stripped of its moral purpose.

Contraception is not only 'unnatural' in terms of marriage arrangements, it is also socially disastrous. It produces

> the diminishing fertility of our race ... Ill health and childlessness in our women are sources of national weakness which every lover of his country must deplore; year by year our birth rate falls.
> (O'Sullivan,1907:67)

This point is reinforced by a comparison to the ancient Latin and Greek races:

> as the degenerate Roman man evaded his duty of personally defending his country, so the decadent Roman woman declined her duty of bearing sons ... the Latin race underwent an alarming diminution ... national sins beget national woes, and the Roman Empire perished for lack of men ... The downfall of Ancient Greece was not owing to war or to plague, but mainly due to a repugnance to marriage, and a reluctance to rear large families.
> (O'Sullivan,1907:69)

Greece and Rome in these passages, represent civilised achievement and degeneracy. They are the 'great empires' of the past whose histories the British Empire must not repeat.

The tone of the text is sermonizing, calling on church and state leaders to educate men not to indulge in sexual practices outside of marriage, and for women to embrace their role of mothers of the race. The message is that it is ultimately the social body which pays the penalty if the laws of God and Nature are not fulfilled.

O'Sullivan draws on legal, moral and ethical views in his clinical description of modern society suffering from 'unnatural' sexual practices. He describes the victim of gonorrhoea as 'paralytic in his degradation and death', his wife 'infected and ruined in health for life by the fruit of (her husband's) wild oats', the modern woman as taking 'hideous risks' in procuring abortion, the 'clandestine prostitute' suffering morally and physically. (O'Sullivan,1907:73) These individuals are all symbols of the 'dark pits of race suicide' into which modern civilisation is rapidly falling. In discussing these issues O'Sullivan constitutes medicine as a powerful authority on the physical 'facts' of social ill health, and the female body as a key to restoring social balance.

3.3.2 Summary

In these texts the female body is constituted through a series of metaphors which naturalise social views. My reading of the texts suggests that at this secondary level of meaning medical discourse constituted the medical profession as an authorative body and linked the clinical understanding of the individual body with the health and management of the social body. In Springthorpe's text the range of meanings of the body is linked through the notion of sexuality. The individual body is a 'sexual organism' and the population is described as a body, with sexuality as the determining force. The notion of sexuality refers the notion of body to moral, social and natural scientific discourses. The female body as the prototype sexual organism defined by the reproductive function symbolically becomes the point at which the individual and therefore the social body can be managed. Sexuality is also a key concern in the other texts though the notion of femaleness becomes more precisely defined. In Jamieson's text sexuality represents the difference between the sexes. Woman's body takes on the significance Springthorpe ascribed to sexuality in general. The female body is the site of difference, specialisation, evolutionary potential and social reproduction. The individual and social body are very closely linked through the importance of women's reproductive potential to social progress. Balls Headley presents this link even more forcefully. The female body is understood to exist entirely for social reproduction and metaphorically represents aspects of civilisation. Hence the disorders of civilisation are seen to have evolved a structurally deficient and degenerate female body. The illhealth of women is explained by anthropological, evolutionary and statistical arguments, naturalising women's reproductive potential as a social issue. Sexuality, in this text is taken to mean the propagation of the race. In O'Sullivan's text the clinical and social understanding of sexuality and the female body are linked to a moral and ethical social view which is scientifically justified. In this text, sex is taken as the guiding principle of all social laws which medicine interprets as natural scientific laws. The female body is not observed as structurally disabled by evolutionary development but rather is the site on which social disorders occur, a site which doctors must manage and administer for the progress of the social body. Again, the notion of sexuality, represented by female reproductive ability, opens out the text to moral and social discourses.

Within these texts there are recurring themes used to illustrate the significance of woman's health and illhealth, sexuality and reproduction. The body is seen as more than just a physiological structure but as a bearer of social and racial evolutionary forces. Sexuality and reproduction are seen as the defining areas of the individual and social body. There are basic laws which govern individual and social existence. In this context nature is seen as an essence which is present in the natural world (represented by the animal kingdom and savage races) and embedded within civilised human relations. Civilization is a state of existence which has progressively deviated from an essential way of being. Civilization marks progress, in terms of the doctrine of evolution. However, as representing a deviation from nature, it also symbolizes disorder. This later theme is presented in the texts by reference to an anthropological and mythic history of the

human race - from primitive man to modern societies, and by comparing white English speaking races to other imperial nations in ancient times. Symbolizing civilisation, modern woman is compared to ancient Roman nations or savage races to illustrate how modern society's deviations from nature produce ill health, and threaten the continuation of the race. The scientific knowledge of the medical profession supports or justifyies moral and ethical views about social behaviour.

The medical view of woman's health and ability to reproduce is embedded in a range of meanings which go beyond women's physical body space. The texts treat woman as universally categorized by her reproductive function. As such, woman can be compared across time, nations and cultures. At the metaphoric level of language the female body acts as a signifier of diverse meanings in the late 19th century gynaecological gaze. It signifies reproduction of the race, nature, evolutionary progress, perfection and also a set of ideas contrary to these notions of progress - race suicide, civilisation, degeneration of moral and natural laws, disorder. These diverse discourses on social progress and development are naturalised in the constitution of the female body on both an individual and social level and presented as obviously connected in the medical explanation of the empirical and factual science of the human body.

3.4 Conclusion

From this analysis of the language of the texts several issues emerge as dominating themes which deserve further exploration. The major themes which emerge in the definition of the female physiological space is first, the importance of reproduction in defining the female body and secondly, the notion of women's special pathology. At the level of observational language, the female body is differentiated from the male body by its reproductivity and liability to disorder. At the secondary and metaphorical level the female body represents the social body's reproductive potential and also the degeneracy of civilisation. Two areas, then, can be identified as needing further examination. First, how the female body is differentiated from the male body in relation to reproduction and secondly, how the notion of the normal and disordered operate in the definition of the female body as a medical subject. Within these two areas there are a number of questions that can be raised. In terms of the first area - the definition of female difference there are questions about : how did the reproductive function define the female body as an object of medical attention? Were there other areas which were seen as particularly vulnerable in the female body? How does the notion of sexuality become medicalised? Were there contradictions between the notion of sexual reproduction and sexual desire? How did the female body become seen as a utilisable mechanism? Was there an understanding of all women needing medical management? And how did individual reproduction relate to social propagation of the race? A second set of questions can be raised about the medical understanding of women in relation to normal and pathological functions: how was the normal state of the female body defined? What were the special pathological categories associated with the female body? Was the reproductive function seen as inherently pathological? Was the female body, itself, seen as a special

pathological category? How did the notion of the social disorder apply to the female body? And how was the medical role constituted as able to manage women's pathologies and the social body?

In the next two chapters I explore these two areas by examining, in chapter four, how the difference of the female body was defined, and, in chapter five, how the notion of the normal and pathological operated in relation to the female body.

4. Sexual Difference

4.1 The Medical Representation of Reproduction

In this chapter I explore how the female body was defined as a medical subject by looking at the concept of 'difference'. I am using difference in the philosophical context of woman as 'the other'. In medical discourse this definition of woman is expressed in the description of her physiology as 'not male'. The male body is the primary definition of the human anatomy and physiology, to be female is always to be different from the original concept of the human structure. In this sense 'femaleness' is equated with difference.

This concept of difference is expressed in two ways. One is of a general 'otherness', the female body in its entirety is a representation of difference. The second is at a more micro level - the constituent parts of the female body individually express difference. The medical gaze focuses on distinct areas of the female body such as the uterus and the nervous system as expressions of female 'otherness'. In the 19th century gynaecological and obstetrical gaze it is the reproductive organs, synonymously referred to as the 'sexual organs' which are the defining points of female otherness. My exploration of this sexual difference - the notion of woman as 'the sex' - begins with an analysis of other medical histories which have looked at sexual difference. I do this to emphasize that this representation of sexual difference as residing in the reproductive organs is not a necessary one, and indeed , has a history peculiar to the 19th century. 20th century readers are so familiar with the notion of woman's reproductive organs representing sexual difference that it is difficult not to assume previous versions are antiquated versions of the 'true' way of seeing the female body. It seems unchallengeable that it is women's possession of a uterus, ovaries, fallopian tubes and vagina that make her 'naturally' different from man, with a subsequently different sexuality. The point is not that this assumption is untrue for us or just a product of prejudice but that the connection between women's sexuality and this particular way of seeing the female body is an historically specific one. Reproduction, sexuality and women's identity were not always understood in the way which we now take as 'given' or factual.

In the following analysis I look at some recent scholarship on medical representations of the female body. This literature uses current debates in femininst critiques on gender in order to analyse medical representations of women's anatomy and physiology. The argument the literature seeks to establish is that the notion of difference was not always a recognised object of medical enquiry, that is, that though sex was recognised,the notion of a completely different female body distinct in all facets from the male body, was not.

Laqueur and Schiebinger in their contributions to a special issue of **Representations** (1986) on 'Sexuality and the Social Body in the 19th Century' look at medical representations of the female body as reflecting and participating in the changing social and cultural meaning of woman. They argue that the new way of viewing the body which emerged in the 18th century was a product of

social and political attempts to define the position of woman. Laqueur's study of sexuality in medical texts and Schiebinger's discussion of representations of the female skeleton both suggest that the female body was not seen as essentially different from the male body until the Enlightenment. In pre-modern scientific views the female body was seen as a diminutive of the male body. Laqueur argues that women's sex organs were seen simply as a rearrangement of men's, they were the same reproductive organs only situated inside rather than outside the body. In Aristotelian physiology women were presented as colder, weaker, more indolent than men who were characterised as warm, dry and active. In the Galenic account women are not as developed as men, they lack 'heat' and are essentially lesser vessels.[1] Schiebinger argues that in early anatomical illustrations the human body was not sexualised - the skeletal and muscular structure were seen as interchangeable between male and female bodies. Both male and female bodies were used indiscriminately to illustrate various parts of the body. In this view sexual identitiy was a matter of the sex organs appended to a neutral human body. The major differences were the external bodily form (due to the 'great quantity of fat placed under the skins of women') and the reproductive organs.

In these pre 18th century views there is no precise difference which constitutes femaleness. The female body is seen as the lesser in a hierarchical view of human perfectibility - the female body is not essentially different but less perfect,less hot, less able than the male body. Woman is a monster of nature, an imperfect man. The point is here that first, notions of sexuality and anatomy have only recently taken into account gender and that secondly, gender is an important issue in biological sciences which emerged with changing political and social views of women in the 18th and late 19th centuries. In fact, the concept of gender is developed within medical representations of the female body as it is developed in social and political discourses. The female body as a category of difference takes on meaning only in the challenge to older views of human nature and social progress. Both Laqueur and Schiebinger argue that the shift in the understanding of the biological and anatomical representation of woman in the 18th century produced in the 'facts' of biology a justification for cultural and political difference which were being defined and challenged by the economic and social changes of modern society. As Laqueur argues :

> women's bodies in their corporeal, scientifically accessible concreteness, in the very nature of their bones, nerves, and, most important, reproductive organs came to bear an enormous new weight of cultural meaning ... As the natural body itself became the gold standard of social discourse, the bodies of women became the battleground for redefining the most ancient, the most intimate, the most fundamental of human relations: that of woman to man.
>
> (Laqueur,1986:18)

---

1 Ian Maclean in his monograph on **Renaissance Notions of Woman** (1980) also presents a discussion of 16th century theories of women's anatomy and physiology. His conclusion is that generally women were seen as an imperfect version of men and that women's sexual desire was described as a deprived copy of men's. (Maclean,1980:29-44).

Both Laqueur and Schiebinger argue that in 18th century medical thought sexual difference is defined in every part of the human body as part of the study of the 'nature' of woman. This marks a conceptual change in both medical and social thought. Woman has become a category which needs definition as 'the other', as one representation of 'femaleness' which by the 19th century had lead to a definition of feminine nature as incommensurate with masculine nature.

The reason for my extensive reference to Laqueur and Schiebinger is first, to exemplify some of my earlier theoretical arguments based on Foucault's observations about the changes in medical practice and knowledge in the 19th century and secondly, to define my use of difference in relation to medical knowledge. As stated above, difference is not just a descriptive concept which has shifted meaning across time, rather it is a concept which had little meaning in medical thought before the late 18th and 19th centuries. The development of gynaecological and obstetrical discourses can therefore be seen as part of the search for sexual difference and depiction of woman as 'the other'. My discussion of sexual difference in late 19th century medical texts seeks to disrupt the apparently 'natural truths' of medical fact by looking at how sexual difference functioned not just as a biological category, or a neutral description of the body, but as the assertion of a social perception of woman as 'the other'. In looking at definitions of 'difference' in 19th century gynaecological and obstetrical descriptions of the female body, we are looking at the way in which the location of sexual difference in gynaecology and obstetrics functions to reassert the social perception of woman's social inequality. In other words, the medical way of representing the reproductive function has a significance beyond simply the factual presentation of medical knowledge.

In the following section I look at the representations of the female body in the **Australian Medical Journal**. I divide my analysis into two parts - the first (section two) looks at how general sexual difference or 'female otherness' is prsented as integral to the reproductive organs, and the second (sections three and four) looks at distinct areas of the female body which were established as points of difference in the gynaecological and obstetrical gaze.

4.2 The Reproductive Organs

The central focus of female difference in these texts is the establishment of 19th century understanding of biological incommensurablity in the reproductive organs. Reproductive processes such as menstruation become the unique and distinguishing features of femaleness. In my study of Australian medical texts I look at the descriptions of the reproductive organs and menstruation as sites of female difference in the changing knowledge of the reproductive process in the development of the gynaecological and obstetrical gaze.

In my discussion of the texts in this section I look at how menstruation is depicted as the outward sign of woman as a different human 'animal' from man. Woman is seen as tied to a life cycle of constant and dramatic flux and change centred on the uterus. The reproductive system becomes the central focus of the gynaecological subject, illustrative of what Laqueur calls the 'synecdochic

leaps of the imagination' of 19th century medical discourse which 'seem to view woman as the uterus'. (Laqueur,1986:35)

Springthorpe's 'On the Psychological Aspect of the Sexual Appetite' (1884) gives an important insight into women as 'the other'. In this text's definition of male and female difference the interesting point is that the female body is the basic sexual organism, and the reproductive function of the two sexes is not seen as conceptually different. The reproductive function is described as a periodic flux of excitement. The catamenia (menstruation) is the result of excess excitement and secretion of the ovary, the uterus and its appendages. And the male body's ejaculation a copy of the menstrual process. The difference between the two sexes is that man's sexual emission is a momentary need whereas woman's menstrual function is a continual 'drain' and periodic preparation for future pregnancy. It is interesting that Springthorpe defines the male body's nocturnal emissions as 'by action' 'similar in all essentials to that of menstruation'. (Springthorpe,1884:99) This suggests that female reproductivity is the primary prototype of reproduction and that the two types of 'sexual emission' (ejaculation and menstruation) are not conceptually distinct. The only distinction is that man's expression of reproductivity (nocturnal emission) is brief whereas woman's body is continually affected by menstrual periodicity. This indicates that the concept of the body is essentially neutral, working as a nervous mechanism with the reproductive function the pivotal point of the body's economy. Sexual difference is not clearly defined or indeed located as essential. However, there is one critical distinction between the two sexes - the passivity of the female body and the activity of the male body. Here reproduction is the central concept. Reproduction operates as the representation of an essential femaleness so that the female body takes on symbolic significance as the prototypical sexual organism, the passive body tied to reproduction, whereas the male body is seen as experiencing a form of sexual activity which is not completely tied to reproduction. To some extent this text is outside of the gynaecological and obstetrical gaze as a discussion of the 'psychological appetite' but it is useful to look at the text here in order to show how the female body is essentially different because of its reproductivity. Though the text focuses on the male body's 'psychological appetite' I would suggest that it is the silencing of women's sexuality which leads to the male body becoming the focus of the text : women's sexuality = reproductivity = physiology; men's sexuality = pleasure = psychological choice. These equations raise issues which I take up later in the chapter.

In Springthorpe's 'Climacteric Neurosis' (1886) where the focus is more on the reproductive function, the difference of the female body is more clearly described. Again, there is a neutral nervous structure relating to the workings of the reproductive function. The nervous system, or neutral part of the body, is described in terms which depict order: it is described as 'harmonious', 'methodical ' and 'orderly'; and its structure is metaphorically compared to a 'mathematical formula', a 'galvanic current' and a smooth working 'economy'. (Springthorpe 1886:193-4) This language contrasts with the reproductive system which marks both difference and disturbance. The generative system 'especially in the female' is disruptive, a 'typical illustration of nature ...

introducing a very potent disturbing element'. (Springthorpe 1886:194) Although the body is essentially neutral, it is the workings of the reproductive system which define the difference. Menstruation, in this text, is described in detail. Again, as pointed out in the last chapter, the language of this text denotes femaleness as soft, degenerating, in contrast to the precision of the neutral body. Puberty produces changes in the ovaries with the 'maturation and dehiscence of the ova'. The uterus similarly alters:

> [t]here is the soft pulpy swelling of the inner surface of the uterus, the formation of the decidua menstrualis, its fatty degeneration, and removal as useless tissue, with attendant haemorrhage from the vessels thus opened. (Springthorpe 1886:195)

All of these changes alter the vascular, nutritional, chemical and electrical economy of the body. The nervous system is depicted as 'surprised' by the 'unusual impressions' the catamenia produces. Considering that this function runs a course of 'some 300 or 400' repetitions and then subsides in the same 'traumatic fashion' as its onset, the female body is being constituted as continually dictated by its reproductivity. Sexual difference is further defined by identifying the female body with nature. Whereas the male subject 's lifestyle provoke a departure from health, it is 'Nature' which produces the disturbances of the menstrual function in woman. This comment suggests that the female body is fundamentally closer to nature. The description of reproduction in this text belongs to the first category of 19th century theorists identified by Laqueur. Menstruation is a problematic but 'natural' recurring degeneration and central feature of the anatomy of the female body.

Addressing what we might now label anthropological as much as physiological issues, Jamieson in 'Sex, in Health and Disease' (1887) identifies the 'most striking points of difference' as the organs concered with reproduction. Woman, rather than man, is defined as ultimately ruled by her reproductive function, or as Jamieson phrases it, she is a 'more specialised being than man'.(Jamieson,1887:149) He identifies the 'uterus and mamma' as 'two organs of prime importance' and evidence of woman's fuller development of the reproductive system. On to this identification of difference in the reproductive organs, is mapped Jamieson's view of evolution and the racial duty of women to bear children. This is a clear example of a 19th century medical explanation's ability to map a social view of women on to female anatomy and then use this as a justification for the truth of the social view of women. Women's reproductive organs are identified as the point of difference and then used as reasons for why women 's social role is naturally ordained. The uterus and mamma carry symbolic weight as physical representations of woman's social role. (Jamieson,1887:158)

In Balls Headley's text **The Evolution of the Diseases of Women** (1894) the difference of the female body is not introduced into the neutral body structure or just symbolic of women's

specialisation, but rather pervades the whole body. As a text situated in gynaecological and obstetrical discourse rather than in explanations of the nervous system or quasi-anthropological explanation of the race, the female body is seen as totally dominated by the reproductive function. The description of how even the very cells of the body regulate women's existence is a clear illustration of how social laws are mapped on to observational descriptions of the body. Leaving to one side, for the moment, the importance of sexuality, in the following description we can see how the cells of the body take on natural laws and social systems, a symbolic weight which is then used to address women's natural role as reproducer and propagator of the species. The 'sexual instinct' which is equated as the need to propagate the race is described as:

> the essence of the raison d'etre of woman's form, the expression of the cause of her existence as woman; it is the evidence of her ancestral debt; of the instinctive necessity that the female productive cell must meet the male fecundating cell; the object is the propagation of the race, the production of the ensuing generation.
> (Balls Headley,1894:1)

Here women's reproductivity is defined as her essence in contrast to the male body where the generative function is just one expression of the male initiative and drive. Woman is the passive, nutritive receptor of 'spermatazoon'. On to this physiological difference is built women's anthropological difference. Through the 'selection of the fittest' women have developed into a 'race of ... extraordinary physical growth and beauty designed for the physical fulfilment of the propagation of the race'. (Balls Headley,894:22) Balls Headley's argument is reminiscent of Jamieson's. Women's physiology has developed to a high degree of specialization for the purpose of reproduction. Their sexual attractiveness and maternal role are evolutionary physiological developments. In the statement that - 'the intense vitality of the uterus in the propagation of the race cannot be suspended without impunity', (Balls Headley,1892:537) the uterus symbolizes both the medicalised female body and the health of the population. In the next text, the link between the internal female organs and the health of the race constitutes women's difference on all levels as reproductive.

O'Sullivan in in his 'Presidential Address' (1897), working within the same theoretical framework, describes women's physiological life as ruled by 'social laws' which determine the essential difference of women's natural and moral character. This text is a marked example of medical argument being used to consider questions about women's equality. Women's reproductive cycle is described as a complex hindrance to women's ability to compete equally with men:

> This question of the equal treatment of the sexes would seem to be looked at from every standpoint, save the one which alone could lead to a satisfactory solution of the problem, that of woman's physical life ... Man's share in reproducing the species is simple, while woman's is complex. She is provided with organs which undergo extraordinary cyclic changes. During active procreative life, extending in this country in the average healthy woman from the age of 12 to 45 years, certain physical processes - 'ovulation', 'menstruation', 'conception', 'gestation', 'parturition', 'lactation' are in constant circuit - functions which man is exempt from.
>
> (O'Sullivan,1897:20)

Here women's reproductive difference is seen as pervading her whole structure, defining her as a creature ruled by her physicality, whereas man is freed from the burden of such a complex reproductive system, a 'natural fact' which allows him to pursue other roles.

The last three texts present a general picture of woman's reproductivity as the defining point of difference. In a more detailed description of the workings of the reproductive function in Rothwell Adam's 'Observations on Pathology and Surgery of Retro-displacement of the Uterus' (1903) difference is evident in the structuring of the internal organs. Rothwell Adam describes the menstrual period as a time when the civilised habits of life and women's vulnerable anatomy contributed to the production of physiological difficulties. The uterus is described as continually moving between two stages of the menstrual epoch, described as 'turgesence' and 'defluxion'. The vulnerability of the uterus, described as a 'top-heavy organ' subject to internal pressures just from the 'erect position assumed by the normal female', symbolises the vulnerability of women in general. All women, Rothwell Adam suggests, feel disabilities at this time. Leaving to one side the question of what is a normal or disordered female existence (this is discussed in chapter five), the point to be made here is that the menstrual cycle introduces a special condition in to the female body which signals the difference of women's physical entity as a whole and the need for particular medical attention. The female body is delicately pivoted around the menstrual function which represents most clearly the assumed vulnerablity of women's anatomy and physiology. This representation is then used to explain women's vulnerable social position.

In another text by Rothwell Adam, 'Dysmenorrhoea' (1909), the function of menstruation is described in more detail, still working from the notion of ebb and flow of the circulatory system:

> [f]or some days, probably a week, before the menstrual flow appears, a progressive alteration occurs in the pelvic circulation. The organs became hyperaemic, glandular activity increases, and, in all probability, a heightening of the general vascular tension until the finer vessels of the endometrium give way, the effused blood tinging the profuse secretion from the glands, and thus establishing the menstrual flow. On establishment of the flow, the pelvic activity rapidly diminishes until the next menstrual epoch recommences.
>
> (Rothwell Adam,1909:445)

Again the basic disequilibrium of the female body is explained as a result of its anatomy, physiology, the social environment and the 'consequences of civilisation', in particular the 'unsuitable clothing and employment during the adolescent period of life'. (Rothwell Adam,1909:447)

In these last texts menstruation is explained as a physiological phenomenon removed from any explicit reference to pregnancy. In Schalit's (1904) explanation for a patient's early menopause the connection between menstruation and pregnancy is more explicitly made. The description of the female body as an economy 'incessantly saving towards the impending conception ... provision for and nourishment of the child' (Schalit,1904:409) situates women's difference as determined by the reproductive function and potential pregnancies. Menstruation is not just an ebb and flow of blood but a sign of women's reproductive reason for being. The female 'organism' is defined by the 'genital apparatus' which exists for the individual and species. If conception fails to take place then menstruation occurs, and if women fail to safeguard their body's economy the 'future child is badly nourished and of delicate constitution' (Schalit,1904:409). In this text we can see how biological incommensurability is built into the description of the female reproductive body. Woman is a commodity which is defined by its reproductive potential, once reproductive life is over she is no longer sexual, she is a 'spent' woman and to extend the economic metaphor, her capital is redundant when pregnancy is no longer possible. The language reflects how women's utility is their reproductivity, how her 'otherness' is determined in this biological difference.

4.3 The Nervous System

In the texts discussed in the last section the female reproductive organs take on the symbolic weight of gender difference. The uterus represents woman's social, moral, physiological and anatomical capabilities. It is the centre of the female economy, permeating out to all other functions. One of these functions which was seen to be particularly important in defining sexual difference was the nervous system. As we have already seen in Springthorpe's text 'Climacteric Neurosis' (1886), the female reproductive system could be understood to have a traumatic effect on the nervous system. In this section I trace how the female nervous system was understood in relation to the reproductive system. I look ~~looks~~ at how women were seen to suffer from various disorders, especially hysterical, as an outcome of the perception of the female body as an unstable economy, subject to constant internal variation, and the likelihood of disorder further enhanced by the greater delicacy and sensitivity which were thought to characterize female nerves.

The question I am asking in my reading of these texts is how far the female body's periodicity influences and is influenced by nervous disorders and did gynaecological and obstetrical discourse produce a physiological basis for what was generally held to be women's greater emotional volatility? I look at the example of hysteria as a nervous disorder which is intimately linked with the female body, almost to the extent of it being defined as a normal state

of the female body, providing an image of woman as always lacking and in need of control. My reason for focusing on hysteria are twofold: one is that hysteria has been a subject of great interest both historically and in contemporary literature on gender difference; and, secondly, the physiological explanation of hysteria has been side-stepped in favour of the psychoanalytical or post-Freudian view. In my study of hysteria I look at the physiological basis rather than at the unconcious in order to see how hysteria was associated with gynaecological issues.

During the late 19th century there were two modes of understanding the female nervous system. One saw the reproductive organs as peripheral irritants to the central nervous system. The ovaries and uterus were seen as particularly disruptive end organs in the economy of the body. The other model saw the whole female body as an impressionable medium, more vulnerable to nervous disorders and emotional states. Here the whole feminine condition is treated as nervously unstable. The two models existed concurrently but I would argue that over the period there is a general shift toward the second way of understanding nervous disorders as the focus extended from the reproductive organs to the physiology of the whole female body as permeated by its reproductivity.

Examples of the first way of perceiving the body are Springthorpe's explanation of menopausal disorders in 'Climacteric Neurosis' (1886) and of epilepsy in 'Treatment of Epilepsy by Removal of Peripheral Irritants (1887)'. In the first text, as discussed above, the reproductive system alters the smooth functioning of the nervous system. The nervous system is described as a neutral function with the reproductive function the point of femaleness and therefore difference. The female body is made more prone to emotional instability by the functioning of this end organ. Similarly, in his 1887 text an 'ovarian' and 'uterine' irritation are 'looked for' in order to treat epilepsy. The description of epilepsy is applied to a neutral body; it is an 'irregular overflow' of messages to the 'nerve area ... in communication with a great number of cells and sensory nerves generally'. (Springthorpe,1886:177) In the female body it is the generative organs which are understood to produce the imbalance. In other studies he links menstrual and uterine irritants as a common cause of epilepsy. In this study eleven out of nineteen cases of epilepsy were diagnosed as being produced by an ovarian irritant or related to the menstrual period. (Springthorpe,1884,4) In the text's central case study the woman suffered monthly fits from puberty and was treated by applications to the nervous system. Though the nervous fits are closely related to reproductive activity the nervous and reproductive systems are constituted as autonomous functions of the body. The point here is not that Springthorpe sees epilepsy as a peculiarly feminine disorder - though marginally more cases were women - but rather that women's reproductivity is seen as accentuating or exacerbating attacks. In male patients there was no equivalent 'irritant' but rather a series of dysfunctions of the general nervous system or hereditary symptoms.

Examples of the second model for explaining the feminine nervous condition are Jamieson's 'Sex,in Health and Disease' (1887) and O'Sullivan's 'Verae Causae of Cancer' (1892). In

Jamieson's text the female body is described as more perfect than the male body in every respect apart from nervous vulnerability.

> There can be as little doubt that women have a more susceptible nervous organisation than men, and that minor disturbances of the so-called functional kind ... are more easily produced ... [T]he nervous temperament is specially a feminine characteristic ... [M]en are more given to alcoholic and other excessess ... In them, therefore, the severer organic affections ... occur more frequently ... [w]hile hysteria, chorea and neuralgia in most of its forms, occur with preponderating frequency among women.
> (Jamieson,1887:155)

The text differentiates the female body in two ways - it is a more perfect mechanism because of the complexity and specialisation of its reproductive function and because of its nervous temperament. In this sense the text constitutes a more identifiable gynaecological subject than the notion of a neutral nervous system with the uterine organs acting as peripheral irritants. The nervous mechanism is part of a discrete entity 'the female body', marking a special 'feminine' temperament.

In O'Sullivan's 'Verae Causae of Cancer' (1892) the nervous system and reproductive function are seen as the dominating areas of the female body. They are described as integrally linked marking out the female body as having a particular physiology needing medical attention. O'Sullivan describes the workings of the uterus as closely linked to the central nervous system:

> in the uterus ... we find the cell elements undergoing frequent modifications and changes in their growth and arrangement, and here the nervous system exercises the most absolute control over those histological variations (as demonstrated in the menstrual process).
> (O'Sullivan,192:629)

Even in health the reproductive organs are 'specially influenced by emotional conditions'. (O'Sullivan,192:631) In this description there is a two-way interaction. The nervous and reproductive systems constitute the female body as a whole as the 'more neurotic and emotional sex', (O'Sullivan,1892:631) and then these organs themselves are seen as more susceptible to cancer. The text illustrates both how the reproductive organs symbolise women and also how the nervous system participates in defining the difference of the female body. As in Jamieson's text, the female body is constituted as a discrete medical subject, one which is more prone to nervous disorders which exacerbate the body's existing vulnerability, a vulnerablity which is associated with the reproductive system.

In Rothwell Adam's text 'The Effect of the Removal of Diseased Uterine Appendages on Neurotic Symptoms' (1894) we can see how these two models co-exist, and how gynaecological

and obstetrical discourse attempts to claim female difference as situated in the physical entity of the female body rather than just the reproductive organs. The question Rothwell Adam raises in his case series of gynaecological operations on young unmarried women suffering from nervous disease is whether the uterine organs are necessarily the cause of nervous conditions. The cases are divided into two sorts, ones where nervous equilibrium improved on removal of the diseased ovaries and uterus, and those where, despite removal of reproductive organs, the nervous and mental condition remains disturbed. Rothwell Adam concludes that there is no necessary connection between reproductive disease and nervous disorder, rather he suggests a more subtle theory that the reproductive function merely exacerbates instability. Although in some cases the reason for removing the uterine appendages was to stabilize the nervous condition by creating menopause the reason for the stabilization was not because of a direct connection between the uterus and nerves but that the body, as a whole, was no longer interrupted by reproductive activity. The removal of the reproductive organs, Rothwell Adam stresses, should be only an extreme action in cases of diseased sexual organs. Rothwell Adam's major contention is that the simple equation between uterus/ovaries and nervous disorders is not an adequate medical model. The nervous system would benefit more from an improvement in general health than from the violent removal of reproductive organs. This medical model differentiates between organic nervous disorders and the whole female body's general tendency to nervous disorders. In the gynaecological and obstetrical model it is femaleness itself which produces vulnerability, diseases of the nervous system are seen as outside the gynaecological and obstetrical gaze though surgical techniques may have been borrowed from pioneering surgery. This text illustrates a claim to the female body as a gynaecological and obstetrical subject and a general physical entity rather than as a body dictated to by uterine disorders.

In these texts there is an underlying assumption that there is a connection between nervous conditions and the reproductive function. Although the exact relationship is not agreed on it is one which needs to be looked out for and further defined. In particular hysteria is seen as peculiarly associated with women.

In earlier texts theories of hysteria assume a direct connection between the conditions of the uterine organs and hysterical fits. The uterus and ovaries are seen as peripheral irritants, and dysfunction of the generative system is understood to produce hysterical dysfunction in other organs of the body. An example of this model is Wilkin's 'On a Case of loss of Voice for Three years in a Girl Twenty-six years old' (1875) which is a study of ovarian pain causing a hysterical loss of voice. The state of the woman's reproductive organs was examined determining the reason for the loss of voice and though 'the womb was in the normal position' there was 'tenderness experienced on making firm pressure over each ovary'. (Wilkins,1875:147) The ovaries were determined to be the exciting cause, and the loss of voice explained as a 'case of reflex lesion from hyperaesthesia of the ovaries'. This connection 'between the ovaries and vocal organs' is theoretically explained as an example of how

> the pathological causes which irritate a nerve are conveyed by reflex action to one of the nerve centres, which is excited by the irritation, and referred again by physiological law to affect the periphery of nerve twigs... [E]lectrisation of the ovary created brain irritation in the corpora quadrigemina, and the response was the production of clonic spasm of certain muscles of the body ... [causing the] ... reflex lesion from hyperaesthesia of the ovaries.
>
> (Wilkins,1875:150-151)

In this case the nervous response to 'tenderness of the ovaries' was hysterical loss of voice. In another case the whole body is seen as sensitively responding to the ovaries

> touching the patient's abdomen or chest lightly, or blowing upon these parts ...[creates] a rhythmical chronic movement ... which became more and more violent till the leg and arm were working with great violence ... Touching the right mamma produced excessive excitation, while the left might be freely handled without effect ... A loud hoarse cough was also set up by the same stimuli... During the attacks ... pressure over the right ovary greatly aggravated the morbid condition, whilst pressure over the left ovary at once stopped the movements, and gave the patient rest... she soon learned to stop her 'fits' by pressure in her left iliac region.
>
> (Dunlop,1883:101)

These early views of hysteria explain it as a nervous phenomenon responding to the female body's site of difference - the reproductive function. The focus is on the workings of the reproductive organs as external irritants to the nervous workings of the body. The connection between hysteria and the female body is explained in a model of the body as made up of end organs which are connected by nervous 'twigs' and, in the female body, dominated by the reproductive organs. Femaleness, or reproductivity, is not integrated throughout the body so that hysteria, seen to be both a nervous and a peculiar female condition is explained by the interconnection between the nervous system and the uterine organs - as two separate areas of the female body.

In later texts hysteria is explained as 'not necessarily dependent in all cases on the state of the organs from which the term is derived'. (Edit,1899:122) Hysteria is still associated with the 'special organs of procreation' but it is seen as a general condition of 'too great delicacy and sensibility of the nervous system'. (Edit,1899:122) The condition is described as one of general sensitivity rather than reflex reaction to the uterus. The symptoms are general 'clonic spasms ... a condition of marked tonic rigidity, depression of spirits, hallucinations, sore throat and speechlessness'. (Wolfgang Hunt,1893:220) In these cases the treatment is directed at the whole body. The reproductive function signals the vulnerability of the female body and participates in a general nervous disorder rather than it being the only a cause of hysteria. In order to explore these two different ways of understanding hysteria I look in detail at two studies - Fulton's 'On a

Case of Hysteria simulating Strychnine poisoning' (1877) and Springthorpe's ' Some Instances of Hysteria (1897)'.

In Fulton's case study hysteria is depicted as a difficult disease to categorise medically. The description of the hysterical patient proceeds from the assumption that hysteria affects young women, that it is associated with 'ungratified sexual desires' and that there is a connection with the uterus which has to be observed even if not ultimately seen as a cause. The physiological explanation of hysteria is that it is an imbalance of mind - the 'pentup feelings' of the patient find ', relief in a paroxysm of hysteria' (Fulton,1887:225) it is a 'distortion of balance between voluntary and involuntary power ... volition is defective; emotional, sensational, and reflex activity is in excess.' (Fulton,1887:226) The assumption is that 'uterine change and hysteria are inseparable in those constitutions where there is defective will power'. (Fulton,1887:226)

Although the necessary connection is questioned ('cases are constantly occurring of uterine displacements without any hysteria') (Fulton,1887:226) the discussion still links hysteria with the uterus as the most likely source of women's defective will power. The case study is presented to show how uterine disorders are not the necessary cause of hysteria though the 'many symptoms of uterine disturbances pointed to that organ as the seat of mischief'. (Fulton,1887:226)

The actual case study is described in great detail: three doctors being summoned to determine whether it was hysteria, or, because the fits took such a dramatic character - all the muscles becoming rigid so that the patient's body was completely arched - whether it was actually strychnine poisoning. The physical symptoms are carefully noted and the hysterical patient treated by physical measures - morphine injections and chloroform. The disorder of the menstrual function is noted as a possible cause, and in general the assumption is that the 'period of uterine irritation' - ie when the reproductive organs are functioning - is a time of great excitablity and imbalance.

Several points about the female body as a subject of particular medical interest emerge in this text. One is that the feminine condition is assumed to have a general volatility evidenced in the imbalance of voluntary and involuntary power and associated with the uterine function. A second is that there is a close association of sexual desire and sexual need in the medical understanding of the nervous stability of young women, a connection I look at in more detail in the next section. And thirdly, that the 'hysteric' is linked to the notion of the reproductive woman, woman's vulnerablity to fits occurs when she is reproductively active. Interestingly, the text constantly asserts a disassociation between the uterus and the nervous condition. This suggests that there is another medical discourse which challenges the direct connection with the uterus as the only source of hysteria. The text attempts this disruption in order to claim a separate area of medical concern - nervous stablity and instability. The separation is not quite effected, however, because women with 'defective will power' are still seen as having hysterical symptoms caused by uterine changes. This text indicates a tension between the earlier model of the uterus as the direct cause of nervous disorders and the feminine condition as a whole being predisposed to

nervous instability. The point is that hysteria is seen as a sign of general feminine disorder or vulnerability rather than just due to one organ's dysfunctioning. It also highlights how the feminine condition is closely associated with sexuality.

Springthorpe's text 'Some Instances of Hysteria' (1897), written twenty years later, is a more clinical study of hysteria based on a series of case studies collected over ten years. Like Fulton, it is the physiological manifestation of hysteria which is described and, again, as in the earlier text, the issue of whether hysteria is a specifically feminine condition is questioned and the issue of sexuality is seen as integrally linked.

The text addresses the question of hysteria at a more general level and in a more confident clinical manner. The definition of hysteria is similar to Fulton's notion of voluntary and involuntary will power: nerve instablity results in an exaggerated self-consciousness and lack of self- control. Springthorpe is concerned to define hysteria as a physiological disease rather than just an 'avoidable caprice'. Hysteria is an 'inherited cortical vulnerablity' which allows the 'numerous exciting causes' to 'produce the effects which we call hysterical'. (Springthorpe,1897:313) Again there is a connection made between the 'utero-ovarian' organs but it is made in order to disclaim a necessary connection. The 'sex organs' are seen as peripheral to a general tendency towards the 'unstable nerve cells'.

Springthorpe wishes to establish that there is a physiological explanation for hysteria due to disorders of the nervous system - he describes hysteria as caused by 'an ideo-motor' behaviour which ordinarily is expressed as 'excito-motor'. The actual description of the patient's treatment suggests however, that it is the 'avoidable caprice' which is the cause. Another point is that sexuality is not actually absent from the descriptions of the female cases. Interestingly, sexual activity is more strongly associated with the male patients. In the case of the few male patients the underlying cause of their hysteria is masturbation, whereas with the female patients it is more their attempts to gain attention from their family and doctor which has lead to hysteria.

Springthorpe divides hysteria into five categories in order to illustrate its diversity. He suggests that vague pains and discomforts, apparent structural diseases of the joints, chronic spasms of the legs and arms and apparent bodily paralysis can all be seen as hysterical. These sorts of cases are predominantly female and the treatment is direct application to the affected area either to shock the system or to bully the patient out of the pretence. The fifth category of hysteria is one that is not isolated to the individual parts of the body but is described as 'general severe hysteria'. In these cases,

> the whole outlook upon existence becomes fundamentally disturbed, the bodily condition gradually approaches that so well described by Weir Mitchell and the patient is more or less a complete invalid, constantly requiring unstinted attention, sometimes for a period of many years.
> (Springthorpe,1897:316)

In a description of two such cases, the patient's mental, physical and environmental condition is discussed. The major treatment is to remove the patient from the 'injurious environment of home and relatives'. The first patient is described as 'nervous and sensitive' with anorexic tendencies (she 'added to her bodily troubles by persistent attempts to starve herself'. (Springthorpe,1897:316)) She became more and more morbid despite the constant care and attention of her mother. The condition is dated from the cessation of her menstrual periods, suggesting that lack of reproductivity is a sign of general nervous disorder. Another young female patient is described as becoming an invalid to the extent of being pronounced incurable. She also had refused food and, as in the first case, was 'mastered' by a physical regime of:

> galvanism thrice weekly, hot and cold salt to the limbs, massage, injections of strychnine, cod oil, iron, arsenic, and aloes, with encouragement and suggestion.
> (Springthorpe,1897:316)

Springthorpe's text is an example of the Australian application of Weir Mitchell's treatment for neurasthenia.[2] It also suggests that there is a general hysterical condition which women are more prone to than men. The fact that in all cases of male hysterics, masturbation is mentioned, suggests that there could also be a connection between female sexuality and liability to hysteria, though direct references to women's sexuality is suppressed.[3] There seems to be a shift from concentrating on medically controlling physical symptoms to 'mastering' the patient's will power by treatment which will bring the patient under emotional control. This suggests that it is the emotional feminine temperament as much as any physical hysteria which needs treatment. It also sexualizes the treatment - the male doctor controlling the weak-willed female patient.[4] In Springthorpe's text the recovery of the patient is described not just as the cessation of hysterical fits but also in terms of the patient becoming a morally more acceptable woman. One patient is described as better once she is 'out of bed, washing dishes, rolling bandages, and walking about, pleased to make herself generally useful'. (Springthorpe,1897:315) Another 'sat down and wrote a letter to her father, to the undisguised amazement of her mother', (Springthorpe,1897:314), another became 'a fine, well-developed, healthy and self-possessed young woman' (Springthorpe,1897:317) and one particularly successful case metamorphosed from a 'bed-ridden incurable' to a 'graceful young Diana'. (Springthorpe,1897:316) This suggests that in late 19th century gynaecological and obstetrical discourses, as Smith Rosenberg and other writers on late

---

2 Weir Mitchell was a 'ladies' doctor' practicing in Philadelphia who developed a cure for 'the' nervous disease of the late 19th century, neurasthenia. He worked with predominantly female clientele using methods which Charlotte Perkins-Gilman has made famous in her short story **The Yellow Wallpaper.**

3 This is interesting in terms of Freud's later study of feminine sexuality and hysteria.

4 This is a theme explored in other histories of neurasthenia. For example Weir Mitchell's treatment could involve underlying sexual threats: one patient was cured by Mitchell threatening to take his trousers off and get into bed with her unless she got herself out of bed. (Smith Rosenberg, 1980)

19th century American gynaecology and obstetrics have written, female nature is more prone to hysteria. And it further exemplifies my argument that the feminine condition as whole is seen as more vulnerable to nervous disorders. Springthorpe's work, though technically situated as more concerned with nervous disorders, crosses the divide between gynaecological and obstetrical discourses and nervous discourses. It shows how the female medical subject has become a complex physical entity which marks the otherness or difference of woman. In this sense, hysteria as a nervous disorder is not necessarily in the gynaecological and obstetrical domain. The text links sexuality, hysteria, femaleness and the physiology of the cortex and brain so that ~~that~~ though associated with the reproductive organs, hysteria is not directly linked to diseases of the reproductive organs. The argument of the text does, however, suggest that there is an essential feminine nature linked to hysteria which informs a medical understanding of feminine disorder. This suggests that femaleness itself is close to disorder, a theme I continue to explore in the next chapter's discussion of the normal and disordered state of the female body.

4.4 Female Sexuality

A third area which identified the female body's difference in the late 19th century medical gaze was sexuality. In looking at how the concept of sexuality was constituted as part of female difference we are looking at a very complex series of issues which recent historians of the body and sexuality have identified as central to understanding modern society. The discussion here, therefore, will have to be brief and confined to a study of the notion of sexuality in medical texts published in the **Australian Medical Journal**. My major focus is on how women's reproductive capacity, as the defining source of difference in the gynaecological and obstetrical gaze, was regarded in relation to sexual pleasure and the sexual instinct. Given the complexity of the subject, before analysing these texts I first wish to define more precisely what I mean by the concept of sexuality in relation to the history of the body and sexuality in medical thought.

Sexuality in late 19th century medical views of the female body was divided into two areas, the physiology of the sexual organs and the sexual instinct of human nature. The first area was centred on the physiological capacity of women's reproductive organs, and the second on the instinctual or maternal need for procreation. The notion of sexual pleasure for women was located in her ability to reproduce children, an apparent given in the 19th century which historians such as Laqueur argue had its origin in the late 18th century. Previous to the theories of biological incommensurability of men and women in which the 'sexual orgasm moved to the periphery of human physiology' (Laqueur,1986:1) and took on other meanings which Foucault, for example, explores in **History of Sexuality** vol.1, sexual orgasm was assumed to be a necessary requirement for healthy copulation. Medical doctrine in the 17th century was that sexual pleasure was essential for the generation of enough heat to infuse life into matter. The clitoris was described as an organ which enabled women to feel desire and therefore ensure conception. It is a miniature penis producing a desire for pleasure which allowed women to forget the pain of childbirth.

(Laqueur,1986:14,15). The existence of female sexual pleasure, 'indeed the necessity of pleasure for the successful reproduction of humankind', was an 'unquestioned commonplace'. (Laqueur,1986:4) In this schema women's sexual organs were a copy of men's organs, inside the body because it was the safest place for conception and gestation.[5] Orgasm in sexual intercourse was regarded as a necessity for conception but, in its doctrine of humours, the importance was to produce the heat needed to convert different bodily fluids to life, the same warmth produced by food, wine and the power of the imagination. (Laqueur,1986)

In the search for fundamental differences between the sexes, which Laqueur argues occurred in the late 18th century, human sexual nature changed. During this period female orgasm and sexual pleasure were no longer regarded as relevant to generation. In the 18th and 19th centuries medical texts were not concerned with sexual pleasure but with the physiological ability to reproduce as part of the human sexual instinct. As Foucault and others have argued, this does not mean that the notion of sexuality did not have a deep influence on medical and social thought, indeed there was an 'explosion around the debate about sexuality' (Weeks,1985:67) and the new technology of control over the body lead to a discovery of the sexual as the key to the social. The new medical gaze of the 19th century allowed the emergence of a whole range of medical discourses on human sexual behaviour. My concern here is with one of these technologies which marked a major shift in the relation between genders and between social behaviour and the moral code - the intervention of doctors in the shaping of women's sexuality through the description of the female body as a reproductive mechanism. This was part of both the reshaping of questions that could be asked about the human sexual body and its internal processes, and part of the consolidation of the medical profession as a 'new priestly caste' especially in relation to women. Gynacecology and obstetrics as the new medical specialisms concerned with the reproductive female body were therefore important sources of medical definitions of women's sexuality, although the notion of sexual pleasure was not seen as part of this new physiology. They reaffirmed and created the idea of woman's sexual organs possessing woman and the notion of woman as ' no more than a womb on legs'. (Weeks,1985:79)

In this period sexual pleasure was not regarded as the pleasure and desire for conception, but rather as an overpowering urge in the individual by a force outside his/her own control. In the context of Darwinian thought these instincts were laid down as the social and biological reason for human activity which lead to continual struggle between individual will and social demands, civilised progress and nature. In this context the female body is the 'hallowed receptacle' of the individual and social instinct to reproduce, and woman's sexuality a product of the maternal instinct. In the ideologies of the late 19th century woman has evolved differently from man. Rather than in terms of being a man turned 'inside out' for the purposes of creation as in pervious ways of understanding sexuality, woman in 19th century terms has evolved as a species

[5] The female organs were described organ for organ as analogous to the male: the penis was equivalent to the cervix and vagina; the prepuce the pupenda; the testes the ovaries.

to satisfy different evolutionary needs. For example 19th century theorists on sexual difference, such as Spencer, Geddes and Thomas, describe women's maternal instinct as the result of earlier events in evolutionary progress, the latter two's work arguing that every cell displays characteristics of sexual difference. Female sexuality is hence not so much a different sexual desire, different sexual expression or diminutive of male sexual needs and expression, rather it is an essence which is evident in every part of the woman's being. Furthermore, it is integrally associated with reproductivity, the essence of woman's difference. This means that sexual expression outside of women's reproductivity is seen as an anomaly to femaleness and woman's physical entity as the reproductive body.

In the following analysis of medical texts I look at how the concept of sexuality emerged in relation to late 19th century views of women's difference as centred on their wombs (women as wombs on legs) and the concept of sexuality as a human instinct evolving from generation to generation, with woman as a receptacle of society's need to propagate itself. This discussion places gynaecology and obstetrics as part of discourses on physiology and evolution rather than on sexual desire or sexology and what was to become psychoanalysis. Reproductive physiology was more concerned with establishing gender differences rather than fathoming the question of female desire, a silence I explore as a theoretical issue in the following chapters. In this section I explore how the late 19th century medical gaze located women's sexual difference in their physiological structure and looked at women's physiological ability to perform sexual intercourse as a medical concern. In these texts sexual fulfilment is linked to the physiological entity of the female body as a reproductive being. The healthy functioning of the reproductive organs and the potential ability of the woman to conceive and reproduce are seen as expressions of maternal fulfilment which marked the sexual difference of the autonomous female body as a medical subject.

In Springthorpe's 'Psychological Aspects of the Sexual Appetite' (1884), an example I have already used in illustrations of female reproductivity, women's sexuality is defined as the presence of the reproductive organs.

> In the woman there is the peculiar and periodic excitement of the ovary, leading to the maturation ... of ovules ... with a similar and generally simultaneous excitement of the uterus and appendages, all resulting in the monthly flow known as the catamenia
>
> (Springthorpe,1884:9)

The physiological description of the working of the female reproductive system is the equivalent of the 'nocturnal emission' of the male body. Menstruation, as the sign of women's reproductive function, is the site of sexual need. Interestingly the text discusses the need to control the male subject's activity (masturbation and frequent sexual intercourse being seen as excesses of the modern individual) whereas female sexual activity is described just as the menstrual act.

Women's sexual difference and need are seen as met simply in the act of her being. As pointed out earlier, her physiology is the prototype of the 'sexual organism'. The following text also suggests that woman's sexuality was identified as a physical essence rather than as the expression of sexual desire.

The identity of women's sexuality with the presence of her reproductive organs is illustrated in Penfold's 'A Case of Man-Personation by a Woman' (1880). In this text the female reproductive organs are seen as important determinants of sexual difference.

The patient's physiological structure determines her unusual social and sexual behaviour. The focus is on how her physiological appearance could explain her abnormal behaviour in marrying three women, claiming to have fathered a child and working in an underground mine for ten years. The medical examination found her facial appearance masculine with a heavy jaw and non-feminine hairstyle. She was as 'figureless' as a man, carrying no subcutaneous fat. (Penfold,1880:37-8) In this description the reproductive organs are seen as the determining point of sexual difference. To establish her feminine sexual identity her internal and external reproductive organs were examined. They were found to be deficient, lacking fat and areolar tissue. The vaginal orifice was small and the labia major like a child's. The 'nymphae were shrunken, the 'small clitoris' was like a 'piece of whipcord' and there was a 'noticeable absence of smell usually observed in examining ordinary women'. The perinieum was smaller and 'poised on the sound' the uterus seemed lighter 'than natural'. The woman had not menstruated for some years.

The perception of the reproductive organs as small, immature and not 'natural' suggests that women's sexuality is defined by the maturity of her sexual organs.The focus of the gaze is on women's reproductive organs as determining the body's femaleness.(Penfold,1880:145-7)

It is interesting that in this text the explanation of the patient's manly behaviour is the appearance of her organs not the fulfilment of their function - the woman said that she had borne a child fifteen years previously. This suggests that sexuality is located in the appearance of the reproductive organs as well as in their activity. It is also interesting that her sexual activity with other women is not commented upon, suggesting that the gaze is concerned with the physiological structure of the body rather than with active female sexual desire.

Balls Headley's 'On a Series of Cases of Imperfect Development of the Female Organs of Generation' (1886b) illustrates how the 19th century medical concern was with preparing women for sexual intercourse rather than with women's desire for sexual pleasure. This text documents the practices developed to stimulate the growth of women's generative organs and hence the woman's ability to reproduce. The operations were designed to increase the size of the vagina, cure muscular contractions in the vagina and develop the vaginal passage in order to allow sexual intercourse to take place. The operations were performed on subjects whether or not they were likely to engage in sexual intercourse. The majority of the cases were unmarried, one as young as seven. The aim of the operation, to make the woman marriageable, ie physiologically able to have

sexual intercourse, is divorced from the question of whether the patient was actually wanting to reproduce. Balls Headley treats the patients as objects which, in order to exhibit their femaleness should be physically penetrable. He describes one case (Balls Headley,1886b:342) as a newly formed (by medical techniques) female body 'in whom coitus was now possible', because of the 'cul de sac' or 'passages' created which could be kept open by a (theoretical) husband or by the frequent passing of a glass rod by the patient. In this text the body is constituted as an object which can be utilised for sexual activity, defined as the husband's, quite removed from the patient's stimulus or pleasure, to the extent that women's maternal fulfilment is not seen as a requirement.

Balls Headley's series of cases ran close to stepping over the boundary between medical and nonmedical issues in dealing with such intimate sexual problems. In other texts the questioning of medical intervention in the sexual availability suggests that this was a difficult area, one that may have been solved in the close link between sexuality and reproductivity. The issue of women's sexuality as maternal needs raises the question of how the function of women's reproductive organs was seen as necessarily generating female desire for children. An issue in a court case recorded for medical interest in the medical press (**Australian Medical Gazette** ,1899) was whether sexual desire was more than just physiological ability to have sexual intercourse. In this case the presence of the uterus and ovaries are seen as critical in determining women's need for fulfilment in sexual intercourse. The case was a suit for nullity of marriage instituted by the husband against the wife on the grounds of her alleged incurable malformation and bodily defect, rendering consummation of the marriage impossible. The husband claimed that he suffered 'nervous illness and exhaustion brought about by ungratified sexual desire and his wife's inability to satisfy it'. (AMG,1899:302) The wife did not have monthly courses and 'showed strong aversion to the sexual act' and when the doctor examined her

> all the obscurity in the case vanished. He found that the [woman's] vagina was extremely small, that the uterus was of an infantile development and that the woman had no ovaries so far as he could discover. He further came to the conclusion that [the woman] suffered from ... vaginismus, which prevents coition. This disorder ... arising from the absence of sexual desire, doubtless originating in imperfect sexual development, and evidences itself by aversion to the sexual act ... which makes coition impossible without violence.
>
> (Report, 1889:302)

The doctor testified that 'upon seeing her [he] at once said "if you had come to me before marriage, I should have told you to stand aside".' The patient's vagina was reconstructed to enable coitus but this operation did not correct her 'sexual desire'. This lack originated in 'imperfect sexual development' which was evident in her 'aversion to the sexual act'. (Report, 1889:302) This aversion was linked to the maturity of her reproductive organs which would

improve with coital activity. It was hoped that the 'infantile and imperfect development of the uterus ... would improve with cohabitation.'(Report, 1889:303) This suggests that sexual activity is necessary to fulfil a woman and her sexual desire is reflected in her physical structure. The woman's immature sexual development was reflected in her facial appearance, which 'though possessing, bore a curiously infantile expression' and in 'an absence of all womanly tenderness and complaisance which, founded in sexual instinct, creates the mutual sympathy in passion'. (Report, 1889:304)

In this case the woman's sexual difference is measured by a sexual desire which is tied to her physiological development. If her physiology is lacking she cannot provide the sexual and emotional response necessary for marriage.

Other texts also assume that sexual desire is directly connected to the reproductive organs. Way, in discussing the diseases of the uterus and ovaries, suggests that women are 'unsexed' if their generative organs are diseased - 'the sexual feeling is either obliterated or approach impossible'. (Way,1896:323) In a case of defectus uteri another doctor comments that the vagina, though a smooth cul de sac, was roomy and devoid of hymenal membrane,

> which made me suspect that the young lady was not quite void of sexual desire, and had been broached ... I should like to have known if desire existed, as this would have suggested the existence of some sort of ovaries.
>
> (Naylor,1899:453)

In these texts sexuality is seen as the physiological ability to participate in sexual intercourse and woman's very physiological structure defines her sexual ability. In other texts, a more overt sexuality is seen as expressed through the needs of the reproductive function. In these texts sexuality in the individual body is the need for maternal fulfilment. As stated in my introductory remarks to this section, this maternal need is part of a larger understanding of the sexual instinct as a force in the history of evolution. I complete my discussion of the physiological structure of women's sexuality by briefly describing the concept of the 'maternal body' in Balls Headley's and O'Sullivan's texts which address evolutionary change in relation to the female medical subject.

In Balls Headley's texts on evolving female disease (1892, 1894) maternity is seen as the essence of woman's being. It is a quality which marks both women's physiology and social function. Whereas in men the sexual appetite is for the 'desire of gratification in the act of union' (Balls Headley,1894:2) for women, sex is not so much for pleasure as a vital need which informs their physiological and social behaviour. It is like an appetite for food, indeed 'when food or spermatozoon is not supplied the body suffers.' (Balls Headley,1894:2) This is not to characterize woman as actively desiring sexual intercourse - it is a 'natural unreasoning impulse' which is part of the natural world. If women fail to marry or become impregnated at a 'naturally' unsuitable

time then their physiological structure becomes imbalanced and 'uterine congestion and inflammation, or myomatous growths are likely to occur'. (Balls Headley,1894:523)

In O'Sullivan's 'Presidential Address' (1897) the reproductive function defines women physiologically, socially and sexually as a maternal body. 'The laws of her physical life shape her destiny, and dictate without compromise her physiological duties'. (O'Sullivan,1897:21) Any act which prevents woman from fulfilling her maternal duties (such as contraception) produces illhealth. Sexual expression is the need for the maternal body to carry out its duties.

These last descriptions represent the female body as bound by maternity. They draw on part of the second meaning of sexuality which I identified earlier as critical in the late 19th century medical gaze - that of the sexual instinct. This sexual instinct is seen as part of the forces which are larger than those described in the internal workings of the individual body - it is the instinct of the social body to reproduce.

In these texts, the task of the medical profession is to ensure that these forces are able to be expressed. Their major concern is that other social demands (for example women's need to work and study) prevent the fulfilment of the social instinct, a 'disorder' of the social environment which I look at in more detail in the following chapter.

In Springthorpe's text 'On the Pyschological Aspect of the Sexual Appetite' the 'sexual appetite' of the individual is transfigured into the sexual atmosphere of the population. This sexual atmosphere is ruled by a sexual instinct which Weeks (1985) described to be understood as the directing force in society which is outside the control of the individual.

> [T]he sexual appetite plays a part scarcely second to any other in orginating and directing our ideas, emotions and volitions; it weaves much of the web of life ... Under the recognised headings of polygamy, concubinage, adultery and monogamy, it will be found to have been one of the most important of our social factors.
> (Springthorpe,1884:10)

Springthorpe describes this 'irresistable instinct' as a function of general social laws which in the history of evolution, has had, at times, the individual body at odds with the reproduction of the species. The sexual instinct 'has exerted and is exerting upon our race' an enormous influence which if individuals, and society as a whole, are not careful can lead to excesses and subsequent ill health. In modern times, especially in the sunnier climate of Australia, 'the influence of the sexual instinct' leads to excesses of unusual force such as 'masturbation and the demi-monde'. (Springthorpe,1884:11) Springthorpe seems to be suggesting that in the colony of Victoria the 'sexual instinct' flourishing in a warmer climate, combined with a 'fevered past' (the legacy of convict origins) has produced uncontrolled sexual expression, social disease and low moral atmosphere. Within this picture of 'abuses and excesses', women are seen as degraded to an 'infinitely sad position'. The answer to the problem of regulating the sexual instinct is for the

physician to intervene and ensure self restraint until marriage. 'Thus all sexual stimuli ... are to be avoided ... until the instinct meets its natural gratification in marriage'. (Springthorpe,1884:12-13) The physician's job is to intervene both surgically to prevent masturbation and through professional discussion.

Sexual instinct, in this text, is more the province of the male subject rather than the female, but the text serves as an illustration of how the sexual instinct was seen as outside the individual's control, though a physiological phenomenon which the physician's knowledge could both understand and regulate. Within this explanation there are dichotomies set up between the individual and the species, natural needs and civilised behaviour. In texts which focus on the female body all these dichotomies operate in the understanding of the female body as a maternal body or the means through which the species is reproduced. The female body is understood as closely linked to nature, developing according to evolutionary needs on which the progress of the race depends.

Balls Headley's texts, labelled 'evolutionary diseases of women', present very complex understandings of women's physiological structure and disease based on the notion of evolution. The female body is described as 'existing only for the propagation of the race, the production of the ensuing generation '. (Balls Headley,1894:1) Balls Headley traces the history of the female body as the history of the evolution of society. Civilised laws and customs are seen as working with or against nature in a brief survey of sexual customs from the pairing of anthropoid apes to monogamous civilised marriage. Central to this history is the evolution of the maternal instinct which is seen as determining the success of the race. Civilised existence is understood as both a success and a failure in that women's structure has developed to a finely tuned maternal subject but civilised living can detract from the fulfilment of her maternal needs. (Interestingly the peak of 'sexual relations' Balls Headley puts at the time of the Reformation when monogamy became a universal law in all civilised nations. (Balls Headley,1894:6) These maternal needs are described as women's 'sexual powers' which Balls Headley suggests enjoy optimal functioning when a woman marries between fourteen and seventeen and commences having children. This is woman's existence, her work and the expression of her sexual instinct.

The concept of women's physiology as bound by the sexual instinct which is also the means of racial or social development, means that everything determines women's health and physiology. In his 'Presidential Address' (1892) Balls Headley maps the physical environment and the organisation of society onto the expression of women's sexuality. In this text the uterus metaphorically and literally bears the burden of the misguided sexual practices of modern society. He describes the number of diseases found in modern civilisation as a deviance from the true path of evolutionary progress. He argues that this is a temporary aberration of the population which has developed to maintain a low growth of the population but will be rectified with proper medical management.

As in Springthorpe's text, it is the medical management of sexual relations, primarily through rectifying women's ability to fulfil the maternal instinct, which Balls Headley presents as crucial. Similarly, in O'Sullivan's texts women are singled out as paying nature's price for the degenerating environment of civilised living. The sexual instinct, described as the instinct for self-preservation, pervades both the female body and the social environment. He suggests that woman,

> though mistress of Creation ... is still subject to the kindly laws of life; that self preservation should be with her, as it is with everything, the guiding principle of existence, and that without it all her highest obligations to existing as well as to further generations become impossible ...There is no more potent ... truth in life ... [than] the sacred duty of every woman who hopes to become a mother to so live, as to preserve her organs in their normal state.
>
> (O'Sullivan,1894:23)

In this view there is no room for women who 'do not hope to become [mothers]'. The assumption is that morally, socially and medically all women, in order to fulfil their social and physiological duty have to participate in their maternal function. O'Sullivan presents it as not a choice but a natural desire and a citizen's duty to the state. Women's physiology is intimately bound up with social and natural laws to the extent that woman's health symbolises the state of social progress.

In his 1907 'Presidential Address' O'Sullivan continues the same theme that the reform of the 'debasement and moral ruin of civilised life' and the 'decadence of national power and strength' (O'Sullivan,1907:57) hinges on the ability of women to fulfil their sexual and matrimonial duties. Here women's sexuality can only be expressed in a healthy and morally acceptable form or both the individual and social body suffers. Sexual expression is a duty rather than a pleasure, and it is a sign of general moral illhealth that the population is declining, an indication of general 'national weakness'. Women's sexuality is measured in terms of fertility and desire for motherhood. Producing offspring is both a 'natural outlet' of woman's energy and affection (O'Sullivan,1907:67) and the duty of the married couple to populate the country. In this sense 'sex' is a 'profound fact, which underlies all relations of life and permeates the whole fabric of society'. (O'Sullivan,1907:66) Again it is the physician's task to ensure a healthy country through intervention in the sexual relations of women. O'Sullivan delivers a series of homilies of this effect:

> Let the young girl know ... the true meaning and the besetting dangers of her womanhood; let her also know, as puberty comes on, something of the more-than-risk attending marriage with an allegedly reformed rake.
>
> Let the woman know the dangers, the ill-health, and unnatural state produced by cohabitation, coupled with the prevention of conception.

> Let her be compelled to realise the hideous risk she runs in attempting to procure or get procured an abortion, even if done by an educated hand. (O'Sullivan,1907:72)

This text, with its admonishment to doctors to lead the way in educating the public morally and physically, is a clear example of how medical doctors constituted themselves as a priestly caste. It also shows how women's sexual difference is firmly defined in relation to their sexual function, which in this text, is defined as an indisputable natural duty which is beyond the desire of the individual.

The sexual instinct then, operates as an important mechanism on two levels. First, as the product of the existence of the organs of generation, it defines women's physiological structure, and secondly, as a force which is necessary for the generation and evolution of the race, it defines women's racial duty. It is constituted as crucial that women conform to their physiological structure in both the social and natural environment. In this sense women are 'the sex' or the prototype 'sexual organism' whereas men, though driven by the sexual instinct, are not defined by it. Sexuality, understood as represented by the sexual organs of woman and the fulfilment of maternal duties, is the defining point of women's physiological difference. Sexual desire,orgasm, non-reproductive or non-heterosexual behaviour, is not recognised as a part of this medical discourse which is bound to the notion of natural evolving heterosexual activity as the only form of natural and healthy sexuality.

These conclusions are not in themselves very new but what my account will now turn to focus on is the inherent contradiction in the gynaecological and obstetrical gaze on women. It is, after all, this very natural procreative activity which the doctors argue needs specialist medical knowledge because it produces disordering 'evolving' diseases in women. This disorder is expressed both at an individual level with menstruation seen as a form of illness and pregnancy seen as producing a range of physiological problems, and at a social level, where the behaviour of civilised women, is representative of the degeneration of civilisation. What I am pointing to here is that the notion of disorder appears to be intimately bound up with the notion of femaleness. In the next chapter I continue to teaze out the meaning of woman in 19th century medical thought by looking at the normal and pathological form of the female body in the gynaecological and obstetrical gaze.

5. The Normal and the Pathological

5.1 Introduction

This chapter has two analytical focuses, one a philosophical and theoretical concern with the definition of 'normal' and 'disorder' in the late 19th century medical gaze of the female body and the second a more empirical focus on the analysis of the constitution of the female body as an object needing special medical attention. The first focus is on how the recognition of the disordered extends to the physiology of the 'normal' female body and how the definition of normal and disordered are constituted in the gendered female body as expressions of sexual difference. The second focus looks at how different areas of the female body became seen as sites of disorder, functioning with an inherent disorder which constituted women's reproductive physiology as a medical event. In the first analysis I raise the issue of whether the meaning of 'female' signifies disorder in the medical understanding of the body, constituting the normal form of the female body as disordering. In the second analysis I raise a further issue of whether the late 19th century medical concern with the social body, and the symbolic relationship of female reproductivity with the social was such that woman as a category was defined as representing social disorder.

The chapter is divided into four sections. The first looks at the general definition of normal and disorder. The second two sections look in detail at how individual areas of the female body were seen as disordering in medical practices and how the notion of the female body as disordered operated in the medical texts' understanding of the social body. The fourth section looks at how contradictions within the medicalisation of the female body operated in the definition of woman as womb, woman as desire and woman as disorder.

5.2 Definition of the Normal and Disordered

In the medical model of health and disease which was established in the late 18th century and 19th century the 'body' was conceptualised as existing in a balanced or unbalanced state of equilibrium. In this concept of equilibrium the term normal is defined in two ways. It is the ideal state of the body's equilbrium - the perfect balance of health, the ideal of 'what ought to be'. And it is also the 'expected' or 'habitual' state of the body - the expectation of the average (as measurable by statistics) - 'what generally is'. In this medical model the first notion of normal, 'what ought to be', can never quite be reached. Rather it is an ideal which medicine constantly strives to produce in the patient. Disorder also has two meanings. On the one hand it is a disequilibrium of the body's health, a nonfunctioning or diseased state of the body, on the other it is a continuation of the normal. If the ideal of a balanced body cannot be reached then disorder becomes the 'expected' or 'habitual' state of the body. Disorder is the normal state or the expected state of the body. In the conceptual model of the body as a state of equilbrium or

disequilbrium, the normal and disordered state do not necessarily have to be situated as polar opposites. The balance of the body can fluctuate in different degrees of normality and disorder. Hence normal and disorder are closely linked and, in fact, define the other. In looking at the underlying organising principle of what is normal and disordered in the gendered feminine body I am looking at how 'reproduction' is understood as a normal or disordered state and to what extent the normal or 'expected' state of the female body is seen as closer to disorder or nonbalanced functioning than to the norm or 'ideal' (what ought to be). My argument is that the states of normal and disordered become closely linked in the 19th century gynaecological and obstetrical gaze so that medicine continually has to intervene to restore the ideal 'norm' in each female subject. In other words to be a reproductive female is to be normally disordered, and to be unable to achieve the ideal norm of what ought to be. This medical model of the norm and disordered is not peculiar to the female subject,[1] however, what I argue is that because the medicalising of the female body is expressed through the notion of reproduction it has a particular significance for more general understandings of women. Reproduction refers not just to physiological functioning, the link between reproduction and the medical perception of disorder in the female body has significance beyond the clinical domain. The social perception of woman - the understanding of woman as 'the other', the representation of woman as the social body - are also evident in the medical understanding of the normal and disordered state of the female body.

In the remainder of this section I discuss how this conceptualising of the normal and disordered operate in the medicalising of the female body in late 19th century Melbourne on a micro level and macro level.

5.2.1 The micro level

From the texts already analysed in my discussion in chapter three and four of changing meanings of the female body and sexual difference, a general theme of disorder of the female reproductive function emerges. The female reproductive organs as the defining area of the female body's physiology, and sexual difference is seen as the point of disorder and pivot around which the body's equilibrium and economy is maintained. In the development of the gynaecological and obstetrical gaze the dysfunction of the reproductive system became more closely defined and the notion of reproduction as disordering became seen as the normal state of the female body. We can trace these changes in the shifting meanings of the reproductive function. At first the reproductive function was understood as functioning in isolation from other areas of the body, a view which by the end of the period changes to reproduction as central to the definition of femaleness, as a gender difference which is suffused throughout the body.

In the first view, the normal state of the body is defined as existing at an equilibrium which the reproductive function disrupts. Reproduction introduces disorder into the balanced 'ideal' state of the body constituting any sign of femaleness as disordered. However, in this early model, the

[1] See Canguilhem (1978) for a more philosophical discussion of the organisation of the normal and the pathological in medical categories, language and practices.

body does not appear to be integrated into a state of continual femaleness but rather exists in two states - a non female reproductive 'normal' state and a female reproductive state of 'disorder'. It is a pre-medicalised body without the model of the norm as 'what is expected' . consequently the female body as a medical entity is unformed. Reproduction has not yet been brought into the medical gaze, though it symbolizes the disordering effects of femaleness. For example, in Springthorpe's text 'Climacteric Neurosis' (1886) the reproductive system is an end organ which 'breaks' the galvanic current of the equilibrium of the rest of the body. Menstruation is described in terms of 'fatty degeneration' which upsets the 'rhythmical order' of the nervous system. Menstruation represents nature or female disorder which does not harmonize with the precise formulation of the rest of the body. The onset and cessation of menstruation is a 'source of dread' for women, and the development of the mature female body is problematic, disordering the body and throwing its economy out of balance. The normal and the disordered coexist very closely but reproduction exists as outside the logical functioning of the body.

In Jamieson's text 'Sex, in Health and Disease' (1887) the female body is constituted more closely into the medical model. The activity of the female reproductive organs is seen as marking a special liability to disorder. In seeming contradiction, the female organism as a whole is more stable and less liable to disorder in comparison to the male body - greater health being defined as the least deviation from a physiological equilibrium - but, and this is a crucial exception, it is much more vulnerable to disorder at the site of reproduction. The 'penalty' of childbearing is a greater burden of disease and death during childbearing years (the majority of a woman's mature years). And,

> it by no means ends with what may be called the direct performance of the reproductive function. There is danger resulting from the possession of specialised organs, as the uterus and the mamma, working sometimes at high pressure, and again,as regards function, almost in a latent condition. Perhaps it is partly this intermittent activity,which causes the special liability of these organs to be affected with malignant disease in its various forms. It is owing to the special implication of these organs that women suffer nearly twice as much from this class of diseases as men.
> (Jamieson,1887:157)

The cellular structure of the reproductive organs creates a high pressure of activity which, in its turn, creates a physiological imbalance.

Although there is a more integrated notion of the female body operating than in the last text, the notion of the female reproductive organs being a 'burden' suggests that there is still a conceptual separation between the rest of the body and reproduction. It is as if the reproductive organs are an uncomfortable but necessary set of clothes women must wear, in fact have to wear, if the race is to continue. On an unstated level there is a normal 'what ought to be' form of the body from which the female body structurally deviates and the habitual norm of female

reproductivity is one which is inherently close to disorder. Though Jamieson's text works with a set of differences defining a discrete medical subject 'the female body' which implies the recognition of an habitual normal state and therefore a medicalising of reproduction, the normal state of the 'body' appears to be a neutral form, perhaps based on an unspoken normal, the male human structure, into which female reproductivity introduces disorder. This suggests that the 'female body' is either not recognized as entirely a separate medical entity or that the unstated norm or 'ideal form' , 'what ought to be' and 'that which cannot be reached' for femaleness is maleness. The understanding of reproduction offers further contradictions in the text's notion of normal and disorder. The male body is seen as physically more prone to a range of diseases because it is not as highly developed as a reproductive being as the female body and yet reproductivity is the point at which disorder enters, and then ultimately defines woman's greater exposure to disease. This contradiction suggests that the normal sense of 'what ought to be' has shifted to closer to disorder. There is a further contradiction between the notion of reproduction at an individual and social level. Woman is more perfectly developed at an evolutionary level than man because she is more adapted to evolutionary reproductive needs. At this level the predominant female norm is 'what ought to be' and does not belong to the medical model I am discussing. It is the male body which fails to achieve the reproductive ideal of what ought to be, and so the habitual norm of the male is disorder. Conversely at an individual level the female body's reproductivity introduces disorder, and the male body's reproductivity does not produce disorders. This suggests that at this level the ideal form of what ought to be is actually male ~~at this level~~. This means that though the female body reaches the ideal in the abstract level of evolutionary needs, at the clinical and real level the male norm is the ideal and it is the female reproductive body which exists in a habitual state of disorder. The female reproductive organs, in the working medical model are dangerous possessions which detract from other elements of stability and perfection.

Both Jamieson's and Springthorpe's texts work with a conceptually disjointed view of the female body, with the reproductive system separated out from the rest of the body. The normal form of the female body is made up of a nongendered state which is disrupted by the female reproductive function (suggesting that the generic state is actually male). In later texts there is a change in the notion of the normal and disordered with the whole body, rather than just the site of reproduction defined by its tendency to disorder. In this view the disorder associated with the reproductive function in Springthorpe and Jamieson's writing is conceptualised as suffused throughout the reproductive body.

Balls Headley's 'Presidential Address' (1892) on the evolution of diseases in women has both an ideal and expected normal state of the female body operating with reproduction signifying both a potential ideal female essence and a female norm which is closer to disorder than health. In the micro perception of the body the normal state of the female body is that of an uneasy mechanism to maintain. The body can be easily 'thrown out of gear'. Balls Headley produces an elaborate

theory to explain how the reproductive function contributes to the female body's unstable equilibrium throughout its maturity. He argues that the imbalance of the body is produced in the struggle between natural needs to reproduce and the effects of the civilised environment. In this sense the disordered 'expected' norm of the female body can both be inherent - the body is structurally unbalanced because of its reproductive capacity, and induced by the environment. The net result is the same: the white Australian woman cannot but chose to be in the civilised environment of 19th century technology, and all women differ from the ideal form of the female body, the 'norm' of a stable equilibrium. In the female body there is a struggle between animal passions (basic instinct and maternal desire) and civilised development of the mind. Balls Headley divides civilised women into three categories of women based on the balance between mind and animal passions. All three classes are 'apt to be unable to perform the function of propagation' (Balls Headley,1892:523) because of imperfectly balanced instincts in the civilised environment. The theme underlying Balls Headley's three categories of women is that because civilised women no longer exist in a state of nature, when they come face to face with nature or the need to reproduce disequilibrium and disorder occur. The dichotomy between nature and civilisation produces an inherent imbalance in the functioning of the reproductive system. When nature attempts to express itself - ie in women's desire for marriage and children - the effect of civilisation, represented as either women's inherited structure or the destablising effects of the environment, is to block women's ability to carry out their primary function. This disorder is an inherent state rather than an introduced pathology, indicating that disorder is woman's habitual reproductive state. The state of 'what ought to be' is the reproductive state Balls Headley seeks to establish in his medical practices but one which, because of the disordering environment, cannot be reached.

In O'Sullivan's explanation for cancerous disease in 'Verae Causae of Cancer' (1892) the female body's disorder is seen as originating in the anomalies of the uterine structure. These anomalies affect the whole female organism, producing an inherently unstable environment. Added to the physical vulnerability of the reproductive function, where 'we find cell elements undergoing frequent modification and changes in their growth and arrangement', there is the characteristic nervousness of woman which further unbalances the body:

> it must here strike us as noteworthy, that not only is it the more neurotic and emotional sex which principally suffer from cancer, but also that the organs most prone to diseases of this class are in health, specially influenced by emotional conditions ... and by the abnormal states of the central nervous system.
>
> (O'Sullivan,1892:631)

As in Balls Headley's text, this inherent structural instability is exacerbated by civilisation. Mapped on to the female body's physical vulnerablity are the effects of civilised living.

O'Sullivan argues that civilised habits 'impede the sexual organs in the normal discharge of their allotted functions' (normal here meaning routine). (O'Sullivan,1892:639) In this text the equilibrium of the female body is pivoted around the female reproductive organs. But as the reproductive organs are depicted as undergoing frequent changes, ie frequent disequilibrium, the norm of the whole female body is seen as normally closer to disorder. In this description two meanings of normal are operating . One, the expected form of the reproductive body is depicted as closer to disorder than order; and the second, the ideal norm of balance and health, a state which civilised women inherently fail to reach because they are unable to perform the 'normal discharge of their allotted functions'. 'Discharge' suggests that the normal function of woman is both a physical and military duty, for the health of the individual and the race respectively.

In Rothwell Adam's text 'Dysmenorrhoea' (1909) the reproductive norm is taken to be one of imbalance - the normal state of the female body is that of imbalance at monthly intervals. In discussing acquired menstrual dysfunction Rothwell Adam suggests that the effects of the social environment have produced a disorder in civilised women which has resulted in commonly met reproductive disorders. The normal 'habitual' form of the female body emerges as a delicate reproductive mechanism in need of medical surveillance and attention. If the environment diverts energy away from the developing reproductive organs - through over excitement or not enough rest - an imbalance occurs. This imbalance principally causes uterine disorders and related conditions - for example, obesity and chlorosis. It is interesting that Rothwell Adam states the best cure for dysmenorrhoea is the 'natural' one of a successful parturition. His treatment of emulating pregnancy by artificially packing the uterus with gauze (Rothwell Adam,1909:448-9) is designed to restore balance by reproducing the conditions which most closely approximates the fulfilment of the body's reproductive state. In this case there is a contradiction in the understanding of female health. Reproduction is at once a disequilibrium - throwing the balance of the body at monthly intervals and also the normal (habitual) state of the female body which can restore it to health. This suggests that disorder is not only inherent in the female body but necessary in the constitution of woman as reproductive. This last text operates with a completely medicalised notion of the female body's reproductivity. Reproduction is a disordering but necessary normal state which requires medical help to fulfil. Reproduction simultaneously represents equilbrium and disequilibrium suggesting that the norm is very close to disorder and therefore the female body is always a potential medical subject.

Within this shift in the concept of the body there are a number of contradictions. As illustrated in Rothwell Adam's text, reproduction is both necessary to the healthy state and disordering. Pregnancy and menstruation are both critical reproductive functions which appear indiscriminately to restore order or produce disorder. This disorder is both inherent to the physical entity of the female body and affected by social conditions. The civilised environment, though ultimately progressive, places a pressure on an already delicately balanced state. These contradictions are resolved by medical intervention. The suggestion is that medical guidance is necessary to

maintain an equilibrium in the female body as it is placed in the civilised environment.

The conceptual shift which has occurred in the understanding of the normal state of the female body is that reproduction is understood as a site of disorder - either introducing a disequilibrium in the body or being the area most vulnerable to disorder. The notion of the normal functioning of the female body changes as disorder becomes associated not just with the interruptions of the reproductive function but with the female body's mature reproductive existence. There is a suggestion that the ideal of the normal form is not achievable, in fact that women's very femaleness represents disorder. Even if not entirely synonymous with disorder, women's femaleness makes her prone to imbalance, disorder and environmental changes.

5.2.2 The macro level

As I have argued in earlier chapters, in 19th century thought the reproductive body represented not just the physical entity of femaleness but also the reproductivity of the social body. At this macro level the understanding of the normal and the disordered constituted woman as a representative of the species. At this level the medical texts argue that the female body has evolved to a high degree of specialisation for the propagation of the race. But that woman's propagative role is frustrated by the civilised environment which acts as a disordering influence. The female body, as the representative of the social body also takes on the disordering properties of civilised existence.

In Springthorpe's text the disorder of the female body is linked to the general disorder of the population of colonial Victoria. He explains the 'unusual frequency ' of climacteric (menopausal) troubles in Victoria as due to :

> the fact that from inheritance, surroundings, and habits, the nervous system of the Victorian public, as a whole, is in all one of keen impressionability, and in many, one of very ready instability.
> (Springthorpe,1886:195)

In this description Springthorpe links femaleness and disorder at both a micro and macro level. There is a parallel between the instability of the individual female body and the nervous instability of the population. The stresses of civilised life are reflected in the general tendency to disorder in civilised women. This observation constitutes civilisation as disordering on a macro level and woman, as a category in civilisation, symbolizing that disorder.

Jamieson similarly explains disorder as featuring on a macro level. Evolution has produced a structural vulnerablity in the female body - ie the specialised development of the female reproductive organs - as a necessary development of the race. His argument is that though women have evolved to reproductive perfectiblity civilisation has regressed in its propagative function and so women are unable to perform their maternal duty. Women's inability to fulfil their reproductive function symbolizes the social body's swing from equilibrium to disorder. At this

level the female body's reproductive potential is a social rather than individual property which has failed to achieve the ideal. The logic of this argument is that it is the medical profession's social duty to try and restore the balance of the social body by helping women to achieve their reproductive potential by not participating in the regressive habits of the civilised world. (Jamieson suggests that women's attempts to achieve political equality with men is one example of deviance from the 'natural' social norm of woman existing only for the propagation of the race).

Balls Headley's text (1892) spells out more emphatically how female reproductivity represents this social imbalance. To him the evident disorders of the female reproductive function directly indicate the degeneracy of the race. Civilized woman, as a whole, is seen as locked into an evolving path of disease, unbalanced by the overstimulation of civilisation and worn out by the poor development of their physical structure. The evolution of diseases is so 'insidious and continuous that it [any female disease] can be regarded as stages of one progressive diseased action'. (Balls Headley,1892:538) The focus of his argument is not on individual female ailments but rather on the female body as representing social progress and disorder. The female body becomes a representative of evolutionary development rather than a patient suffering a prevalent disease. In fact, Balls Headley argues that the prevalence of disease among women has significance beyond each individual case to seeing it a part of an evolutionary scheme. He claims that the female body has developed to a disordered state in order to limit the population. The female body's degeneracy reflects civilisation's degeneracy - the expected state of the social body is regressive, though as the doctor can restore the disequilibrium of the individual female body, so can the social body's norm be restored to its ideal form, when civilisation obeys the 'natural' laws of propagation, and evolution continues beyond this present stage. In this argument the female body is symbolic of the imbalanced stage of evolution reached by the late 19th century and also of the potential 'ideal' form which could be achieved if social balance is restored to a natural order.

In O'Sullivan's text (1892) the female body also represents the vulnerability of the 'civilised race' to disorder. Cancerous disease is 'but one of the many proofs of over-pressure on the nervous system, which the artificial and vicious conditions of modern civilisation involve'. (O'Sullivan,1892:633) At this macro level civilisation is seen as the disordering environment which affects the natural order. A dichotomy is set up between the 'vicious conditions of modern civilisation' and the 'savage races'. Savage races represent nature and order; civilised women represent denaturalized existence and disorder. This dichotomy depicts a further set of contradictions in the understanding of normal and disorder. Savage races represent the ideal of what 'ought to be' - in terms of a healthy functioning propagative body, and civilised women represent 'that which is', a normal state of disorder in civilisation. But implicit in this description is that civilised woman should be existing in the normal state of natural health, despite the conditions produced by civilisation. This begs the question of whether modern women should

become 'uncivilised' and exhibit their natural reproductive ability as do 'savage' women, or whether civilised women are forever doomed to disorder in the morally decaying, but after all economically and socially progressive modern world. The unstated answer to these questions is that as women cannot degenerate to savages they will remain disordered perpetually trying to achieve a natural balance in their reproductive function, and that there will always be a need for medical intervention in the maintenance of civilised women's reproductivity. The text's contradictions are restored by mapping the social body closely on to the female body. At a micro level the uterus takes on the disorder, at a macro level civilised habits impose disorder on to women. The frequency of cancer and female invalidism are the visible signs of civilisation's denaturalized state. The natural state is an unachievable but undesirable norm, one which doctors will continually work to produce both in the individual female body and the social body.

In these texts the micro and macro view of the female body is linked through the understanding of the normal and disordered. On an individual level the female body is seen as thrown closer to disorder because of the civilised environment. Its normal form in civilisation is shifted closer to an inherent vulnerablity to disorder. On a macro level the degeneracy of civilisation is measured in women's failure to reproduce the species. In this view the normal form of the social body is inadequacy, an inadequacy symbolised in civilised woman's failure to reproduce. The ideal norm is unachievable at a micro and macro level, in fact disorder is the norm. Taking the sites of difference located in chapter four as the determining areas of femaleness I look in the next section at how the notion of disorder was understood in the workings of the reproductive function, the uterus, the nervous system and female sexuality.

5.3 The Medicalising of the individual female body

The analysis in this section looks at a series of texts which describe gynaecological and osbstetrical practices in order to define how the concepts of 'normal' and 'disorder' functioned to medicalise reproduction as an event which normally (as in the expected) needs medical surveillance and how the female body as a medical subject fails to achieve the unstated norm of 'what ought to be'. The question my analysis continues to raise is whether the reproductive female body is medicalised as normally functioning closer to disorder than health. Although I am looking at the treatment and definition of diseases the important thing here is to differentiate between natural pathology and the normal form of the body as disordered. Obviously there were diseases and disorders that women did (and do) suffer from, but what I am analysing is the concept of woman as particularly vulnerable to disorder (whether it occurs or not) because of her reproductive cycle. This is a medicalising of the female body which links femaleness with disorder rather than the discovery of pathological disorders. (This leaves to one side the question of what is 'truly' pathological - a debate which I do not wish to enter here.)

My argument is that the gynaecological and obstetrical gaze constituted the reproductive function as a difficult but necessary process which left the woman vulnerable to disease and

disorders throughout her mature life. Pregnancy and childbirth were the pinnacle of the reproductive cycle and the events to which the whole female body was geared. In the following discussion I look at how pregnancy and menstruation became seen as medical events and the outward signs of women's reproductivity. My argument is that the female body in this period is defined as continually reproductive. Terms like 'cycle' indicate that female existence is caught in a circular movement which at any point defines it as reproductive. From childhood a woman is defined in relation to reproduction - she is either about to start menstruation, adjusting to menstruation, able to be pregnant, not pregnant, pregnant, no longer able to be pregnant. Furthermore, the norm of this function, which is defined as woman's reason for being, the sign of femaleness, is seen as essentially not 'what ought to be'. What I mean by this is not that all women were viewed as pathologically dysfunctioning when menstruating or when pregnant, but that these processes tip the female body closer to a disordered state, revealing an inherent vulnerablity, in a way which has no equivalent in the male body. In this sense femaleness introduces a unique disorder - a norm of 'not male' which the late 19th century gynaecological and obstetrical gaze, as the following reading of texts shows, claimed needed medical surveillance.

5.3.1 Parturition

In the beginning of the period childbirth was seen as better left to nature, with the doctor called in only as an emergency. As gynaecology and obstetrics developed childbirth became seen as a potentially disordered event needing the medical profession's 'careful and accurate knowledge'. (Rothwell Adam,1911:633) The body was an economy that 'incessantly saved towards the impending conception to which every female being is exposed - provision for the formation and later for the nourishment of the child'.(Schalit,1904:409) Though a 'common event' it was conceptualized as not just a 'physiological process' but within the 'fighting line of medical practice'. (Rothwell Adam,1911: 633) The 'border line between what is physiological and what is pathological is very close and therefore every pregnancy should be scrutinized'.(Rothwell Adam,1911:350) It was a doctor's duty to keep the female body's 'screws tight' and 'wheels ... oiled' and act with 'absolute care and watchfulness at the puerperium'. (Cope,1900:31) The emphasis was on hygenic precautions and careful control of the procedure of childbirth by doctors. (Sandford Jackson,1896) It was argued that all deliveries should be under medical care:

> strict antiseptic midwifery ... [cannot be followed] in the great mass of midwifery attended in private houses ... the life of a woman is now safer in the hospital than in her own home ... it is only when we deal with a woman in labour as with an important case of surgical operation, with a special tendency to septic troubles, that we can be certain of our results
> (Way,1896:320-321)

In this constitution of the female body normal puerperium is a potential source of danger and the female body was seen as vulnerable and unbalanced by the strain of pregnancy. As the 'need of the growing foetus is greater, the mother's capital ... is called for and her organism is weakened'. (Schalit,1904:409)

This changing attitude to pregnancy as a potentially debilitating event needing medical attention can be traced in the records of midwifery cases. The early texts record only the unusual individual case, focusing on both the difficult prognosis and the problem of establishing the male doctor's right to attend at childbed.

> The case was terminated by me ... she then very injudiciously got up and that evening was attacked by rigours
>
> [I]n several of these cases I was summoned too late ... the patient was both weak and nervous and would not acceed to the use of instruments.
>
> [O]n returning in about four hours, I found the patient almost moribund, the bandage uncovered, the uterus distended by a clot of blood larger than a child's head, and the patient's life blood oozing from the vaginal orifice. The mother had carefully removed every bandage the moment my back was turned.
>
> (Knaggs,1881:243,343)

The doctor was usually called only in emergency cases. Most patients were delivered at home and their condition discussed as part of their environment. The reports often record the drama of the situation.

> Alarm was at last taken by the husband, and I was hastily summoned in the evening. A hard ride in the dark brought me to the house ... no active steps had been taken to complete delivery by aiding the inefficient muscular contraction ... It was done, and a dead child delivered ... but the uterus shared in the general powerlessness and exhaustion of the system ; it responded to no stimulus... in a few minutes there was a dead mother beside her dead child.
>
> (Jamieson,1879:298-9)

In a case of puerperal fever the woman's emotions are seen as playing an important part:

> in a delicate pluripara whose favourite child had been accidentally burnt to death a couple of months previous to her accouchement ... [the] affliction had so preyed on her mind that her health was undermined and she became haunted with the ominous forboding of impending death that becomes so fatal to a pregnant woman.
>
> (Knaggs,1881:338-9)

Another maternal death occurred in a 'broken down delicate woman ... whose husband had caused her considerable anxiety and worry'. (Knaggs,1881:339) The cases detail the 'horror' of the doctor and the patients are described as 'poor creatures' in 'sore travail'. (Knaggs, 1881:344)

In later case studies the understanding of childbirth changes from medical attention being seen as necessary only in emergency to childbirth being normally a subject of the clinical gaze. The doctor no longer intrudes into the birth chamber but is in charge of the labour process. Pregnancy is not seen as a natural phenomenon but a special scientific event needing skilled medical attendance. Labour needs 'scientific development' because once,

> originally universal in its naturalness, is nowadays too often unnatural, misunderstood, and in consequence, more or less ... mal-administrated.
> (Meyer,1889b:711)

Doctors argued that medical attention should not be sought just for a difficult child birth but used as a necessary source of guidance for women throughout pregnancy. Each pregnancy should be treated as potentially disordered because:

> abnormal conditions, especially in the case of first pregnancies, are accepted by their subjects as natural accompaniments, and are allowed to continue with all their deteriorating effects up to the time of labour ... since, except in the case of some remarkably disturbing element for which he [the doctor] may be summoned, he very often sees nothing of his patient between the time of his engagement and the onset of labour.
> (Meyer,1889b:711)

This text illustrates how a medical model is applied to reproductive activity. There are 'abnormal' conditions (in the sense of a disequilbrium of health) which are to be expected in pregnancy and therefore the norm (in the sense of the habitual) is disorder. These abnormalities the doctor can best observe, and because reproduction is a potentially dangerous time it is always best to assume disorder. Doctors should insist on an internal examination if there is the 'slightest suspicion of the existence of anything abnormal'. (Meyer,1889b:711) Labour is scientifically studied as a range of possible disorders:

> If labour with the human species were the almost purely physiological process it is with the lower animals, midwifery, as an art, would have no need of existence ...The conditions of life, however, bring about so many deviations from the natural process, as to render it very often pathological; and in this part of medical science more than in any other ... does it lie within the function of the medical practitioner to bridge with the smallest span the distance between the natural and the unnatural.
> (Meyer,1889b:712)

The post partum woman is seen as a patient recovering from a difficult operation. Meyer suggests rest for ten weeks and,

> when we regard the number of women who from choice, not necessity, are about and active in two to three weeks, resuming the pleasures and labours of life, we cannot be surprised at the consequent uterine troubles.
> (Meyer,1889b:715)

The woman is regarded in

> the light of a 'complex organism round a uterus', the maintenance of the uterus in a natural condition during the storm of parturition is a **sine qua non** in the preservation of the health of that organism.
> (Meyer,1889b:715)

In this view pregnancy is a source of potential disorder. The female body is removed from the social environment and isolated as a clinical subject with a condition which has pathological potential. If not carefully attended the woman could suffer from 'the deviations of a normal puerperium which grow and develop until ... the patient is invalided'. (Rothwell Adam,1896:47) The pregnant woman is drawn into the clinical domain:

> In fact ... is it not better to look upon the lying-woman from a surgical standpoint, and view the puerperal uterus as comparable to a recent wound?
> (Rothwell Adam,1896:47)
> Today, the universal consensus of obstetric opinion is that the puerperal woman must be viewed from a bacteriological stand point.
> (Rothwell Adam,1896:48)

In this text the 'normal' state of the puerperium in the sense of 'what ought to be' is unachievable and the normal state is the frequently disordered. By the late 1890s midwifery is an aseptic medical event akin to an operative procedure:

> parturition is a surgical operation which nature is constantly performing. One might regard the process as the enucleation of a tumour with the accompanying risks of shock, haemorrhage, and sepsis. As nature has been doing this for a good many years now, she has arrived at no mean efficiency in it. There is no doubt but that natural selection has minimised the dangers of shock and haemorrhage, and has conferred a high degree of immunity against septic infection. But in these latter days ... pathogenic organisms [are introduced] into the uterus which nature hardly, if ever, allowed to pass the vulva ... [W]hat are the dangers to which the average

> healthy pregnant woman is exposed?... [S]he shall fear chiefly the streptococcus pyogenes ... and the baccilus coli and the coccus of erysipelas ... The chief duty of the obstetrician is to guard the vulva.
> (Arthur,1898:109)

This text introduces another question about the female body as a medical subject. Medicalising the female body is seen as a contradictory procedure. On the one hand, nature itself is medicalised as disordered - nature performs an 'operation', the pregnancy is described in pathological terms as a tumour with 'risks of shock, haemorrage and sepsis'. On the other, the suggestion is that the human female body has evolved quite well to cope with these potential disorders and it is the change in medical customs which exposes her to further risk. This suggests that though the 'average healthy pregnant' woman is able to cope with the inherent dangers of the 'normal' puerperium, the external environment has produced further difficulties. Over-interfering medical techniques are seen as needing to be checked. The place of the obstetrician is accepted but it is to assist nature's operation. The language used indicates medical confidence in that the normal reproductive body is the subject of the medical gaze to the extent that medical regulation is required even in 'ordinary' pregnancies.

In order to protect women medical practice established the need to routinely sanitize both the environment and the patient's body. The focus is on the operation of removing the child clinically and carefully. The personal history of the cases are no longer intimate accounts of the woman's 'hour of sorest agony'.(Jamieson, 1879:190) The concern is to routinize and standardize deliveries. The body is the subject of the medical gaze not the patient's life or thoughts. It is 'drained', 'sanitized' and 'fed' to standard guidelines and the patient's diet and movements registered. The shift in the medical gaze is from childbirth as a natural physiological event to labour as a surgical event full of disordering possibilities needing medical surveillance and attention.

5.3.2 Menstruation

Another reproductive process which came under medical scrutiny during this period was menstruation. Menstruation was the external signifier of the reproductive system's workings. It was a necessary event in the mature female body and signified women's essential disorder. Menstruation was at first explained as a periodic outflow of blood which marked female 'unwellness' or disorder. As the reproductive system became seen as central to the female body this disorder became suffused throughout women's life. ~~as a reproductive being leads to a shift in the explanation of menstruation.~~ The disequilibrium of the body which menstruation produced became seen as the signifier of the mature reproductive body. The stability of women's reproductive physical entity became seen as closer to disorder than order, constituting the norm (as in the expected) of the female body as disorder generally and more so at the time of menstruation. Menstruation is now integral to the definition of femaleness, bringing with it a

definition of inherent disorder.

In the early texts menstruation was understood as a build up of blood in the womb which retrograded as the cells of the swollen mucous membrane underwent fatty degeneration. Woman's body was seen as having an excess of blood which needed monthly relief although the exact connection between menstruation and the reproductive process was debated. It was questioned whether the presence of the ovaries or fallopian tubes determined the existence of blood in the body.

> [On] the question of the existence in the female organism of surplus blood requiring a periodic outlet, either by the normal channel or vicariously ... I think that where there are practically no sexual organs there is no such surplus blood, and that the absence of menstrual discharge does not therefore induce the fulness of blood which exists where such organs exist, but where discharge has been temporarily checked.
>
> (Balls Headley,1886:343-44)

This extract from a debate about the cause of menstruation and the validity of theories of vicarious menstruation, indicates how theories of menstruation were changing from theories of excess blood to menstruation as a necessary process, though a debilitating discharge, leaving women vulnerable to chills, strains and emotional excitablity. (deZouche,1881; Extracts,1883) In later texts the disorder introduced by the menstrual function is seen as structurally part of the female body.(Stirling,1893; Llewelyn,1907) Menstruation is part of a complex reproductive cycle.

> Man's share in reproducing the species is simple while women's is complex. She is provided with organs which undergo extraordinary cyclic changes. During active procreative life ... certain physical processes 'ovulation', 'menstruation','conception', 'gestation', 'parturition', 'lactation' are in constant circuit ... [T]hese complicated processes are easily disturbed ... [A]ll through their time of sexual vigour a thousand causes may throw them into disorder.
>
> (O'Sullivan,1897:20)

Here the normal form of female reproductivity is of complexity and disorder in comparison to the male body. The female body becomes seen as existing normally with a vulnerable equilibrium 'which a thousand causes may throw' into disorder. A notion which contradicts the idea of 'vigour' unless female sexual vigour was taken to be periods of disorder and vulnerablity.

Two descriptions of menstruation in the early 1900s illustrate how the norm of menstruation is seen as closer to disorder than order:

> For clinical purposes, it may be assumed that there are two stages in the menstrual epoch; the first that of turgescence, the second one of gradual relaxation or defluxion ... To the want so universal among women ... of some elementary physiological knowledge regarding the primary functions,

must be ascribed the lack of the most common sense care displayed by the sex in all that relates to the menstrual epoch. While it may be true that a perfectly healthy woman will not observe any difference in her well-being during the monthly flow, it must be confessed that by far the larger proportion of females do feel some disabilities at that time.

(Rothwell Adam,1903:160)

Disturbances of menstruation bulk ... largely in the daily work of the family physician and gynaecologist ... [T]he menstrual habits of every woman embrace ... individual prodromata and coincident phenomena ... Menstruation and ovulation are correlative and practically synchronous ... Ovulation causes increased metabolism before; lassitude, headache, sense perversions and pigmentations during, and increased sexual activity after the flow, which itself depends upon normal intense congestion of the uterine mucosa.

(Chenall,1908:283)

5.3.3 Uterine Disorders

The changing understanding of normal and disordered underlying the descriptions of the reproductive function can also be traced in the changing perception of the uterus as the central organ of the reproductive system and female body. In the early texts the uterus is seen as a vulnerable organ in the body reflecting the woman's general appearance and health. Its liablity to disorder signifies women's general state of vulnerablity. The displacement of the uterus affects the whole physique. One case is described as

rendered weak, depressed; she had the uterine physiognomy, in which dejection of mind is so evident in the drawn face and hopeless expression.

(Balls Headley,1879:382)

The female body is seen as a system of circulatory functions with the uterus at the centre. In another text the physiology of the female body is also built around the uterus so that the whole female body is seen as naturally vulnerable to disorder. Jakin's 'The Mechanical Treatment of Displacement of the Uterus' (1890) gives a detailed description of the position and function of the uterus in the female body. Here the clinical gaze is on the anomalies of the female body's structure:

let us consider the uterus as placed in the middle line of the pelvis between the bladder and the rectum, as fixed anteriorly by ligaments ... These uterine ligaments are ... always more or less tense, in fact they act as suspensory ligaments to the uterus, yet yielding with every movement of the body ... let the suspensory ligaments of the uterus lose their tone ... out comes the uterus ... [T]he force of an ordinary respiration is equal to a force of 200lb pressure ... a force equivalent to 100lb 16 times a minute for life ... [W]e can form some idea of the tendency of the uterus to become displaced.

(Jakins,1890:137)

In this clinical description the natural physiological pressure renders the uterus, and therefore the whole body, liable to disorder.

In later texts the focus shifts from the detailed descriptions of the pathology of the uterus and mechanical treatments to a discussion of the general cause of uterine displacement and illhealth of woman. In these texts a more complex picture of the workings of the reproductive system emerges. The behaviour of woman, her general health and the effects of the environment are seen as factors in determining the stability of the uterus.

In O'Sullivan's 'The Proclivity of Civilized Woman to Uterine Displacement' (1894) the frequency of uterine displacements signifies the disorder of the civilised environment for women. Because the uterus is a floating body 'where every breath, every movement, every position of the individual, every degree of fulness of the bladder and the rectum influences its position' fashionable corsets and heavy skirts cause ill health. (O'Sullivan,1894:9) Tight lacing, tight clothing causing constipation and excessive muscular exertion produce displacement. In these fashionable practices 'we find in full and unrestricted operation the many agencies which are most potent in the production of the anatomical and structural alteration of the womb'. (O'Sullivan,1894:11) Nature's price is that civilised women's reproductive function,

> will assuredly become imperfect, her viscerae displaced, her abdominal and thoracic muscles wasted ... She lays the ground work of chronic invalidism. She unfits herself for the responsibilities and congenial occupations of a wife.
>
> (O'Sullivan,1894:11)

O'Sullivan argues that treatment should not be,

> impaling the unfortunate uterus on a stem or hoisting it on pessaries [but] to grasp the true principle for the relief of various displacements, by seeking the sources whence those troubles spring, and by an honest unflinching advocacy of Nature's laws ... [T]he sacred duty of every woman who hopes to become a mother is to preserve all her organs in their normal state.
>
> (O'Sullivan,1894:16-23)

The normal state of the female body is one of readiness for reproduction, signalled by a well placed uterus. The tendency of civilised woman to displaced uteri signifies a general degeneracy of the modern female body.

In Rothwell Adam's text 'Observations on Pathology and Surgery of Retro-displacements of the Uterus' (1903) the argument is that both women's physiology and the conditions of the environment are responsible for displacements of the uterus. He bases his study not 'purely on observation' but on the study of three sets of factors - civilisation, anatomy and general

pathological conditions.

Women are naturally physiologically liable to internal disorder. It is 'taken as beyond dispute' that the 'erect position assumed by the normal female is responsible primarily for the mal-positions that occur'. (Rothwell Adam,1903:157) In the anatomical descriptions of the uterus the focus is on the natural liability of the uterus to become displaced. The normal state of the uterus leaves it vulnerable to disorder:

> [i]f the general shape of the uterus be likened to an inverted cone, with its chief attachment to the apex, the marvel will be that this top-heavy organ is not more freqently displaced.
> (Rothwell Adam,1903:158)

> The two most important anatomical features which stand out in marked relief as bearing on the maintenance of a stable equilibrium of the uterus are -
> 1.The erect attitude assumed by the human female, and
> 2. The free moblity of the normally situated uterus
> (Rothwell Adam,1903:164)

The fundus, colon and bladder all assist in 'forcing down the uterus'. The pressure placed on the ligaments during pregnancy and labour produce a 'general hypertrophy' and 'retrograde changes'. The uterus itself 'occupies the anomalous position of being the only organ of any size in the body that has no large vessels entering its structure, and yet richly endowed with a large supply of blood'. (Rothwell Adam,1903:167) This leads to engorgement and congestion. The pelvic floor also exhibits ' incompetency'. (Rothwell Adam,1903: 168) This description suggests that in the equation of the norm and disordered the uterus is structurally closer to disorder.

In Rothwell Adam's description of the general pathological factors the reproductive function tips the balance of the body towards disorder. Puberty, puerperium and pregnancy produce states of weakness, fragility, anaemia and tears to the uterine structure. (Rothwell Adam,1903:169) The female body's reproductive capacity is seen as leaving woman structurally vulnerable to physical illhealth and unable to perform her social function.

In these texts there is a shift in the understanding of the norm and the disordered. In the early texts the uterus is isolated as the determining organ in the female body which dictates female behaviour and appearance. In the later texts the external environment and internal structure produce a structurally vulnerable female body centred on the uterus. The disorder associated with the uterus is transferred on to the workings of the whole reproductive system.

The gynaecological gaze constitutes the female body as a delicately balanced reproductive mechanism. All women experience the activity of the reproductive cycle from puberty to

menopause and are therefore potential medical subjects. The logic underlying the gaze's constitution of the female body is that it is centred on organs which undergo dramatic changes monthly and greater ones (potentially) yearly.

5.3.4 The Nervous System

This understanding of the norm of the reproductive system as closer to disorder is also apparent in the changing understanding of the nervous system. The nervous system is understood as having mental and physiological properties which in the female body lead to an unbalanced state of disorder. Female nervousness is a state of vulnerability which could vary from a general over excitement to an organic disorder of the brain or nervous system.

The normal functioning of the nervous system was closely equated with the equilibrium of the reproductive system. As established in chapter four, during this period nervous disorder was seen as either a reflex response to the reproductive system or as participating in an equilibrium dictated by the reproductive system. As the norm of the reproductive female body became seen as closer to a disordered state there was a parallel shift in the understanding of the nervous system. From being a neutral mechanism it became the site of a general nervous vulnerability suffused throughout the female body. In the early understanding the normal state of the nervous system is a set of stimulants and responses to the brain. The nerve cell is:

> surrounded with a rampart of a certain resistant power, and in communication with a great number of similar cells, and with the sensory nerves generally. All the movements and re-actions which go to form organic life are thus placed in direct communication with the nervous castles ... In a state of organic health, intelligence is constantly being sent to this central nervous system ... [T]hese messages are received,examined ... registered and passed on in obedience to the laws of healthy functional activity.
>
> (Springthorpe,1887:177)

The reproductive function introduces disorder into this neutral mechanism. The influence of the female reproductive function is interpreted in several ways : it introduces regular periodic disturbances into an otherwise balanced nervous system, it exacerbates existing nervous disorders, and it creates particular forms of nervous disorder.

In the first understanding the reproductive function introduces nervous instability during the period of 'special liability' of the female body to 'break down' ie 'pregnancy,parturition and labour'.(Beattie Smith,1903:66) The effect of pregnancy on nerve stability illustrates how this liability operates:

> [The] very intimate connection [which] exists between the highest developed nerve-centres and the generative organs ... [is illustrated when] physiologically active conditions of the uterus ... become a disturbing mental factor in women ... This mental disturbance is a matter of everyday experience to those who have much to do with pregnant women, and the text books are replete with their morbid ideas, both motor and sensory, which presumably show a disturbed state of the cortical substance of the frontal and occiptal lobes. Fortunately, this mental disturbance, is in the great majority of cases, of a functional nature.
>
> (Cleland,1887:243)

In this passage pregnancy or reproductive activity acts as a physiological disturbance on the mental senses. The body is seen as a mechanism which is thrown out of balance by uterine activity.

In another case-study the doctor justifies the removal of the foetus because pregnancy produced a disordered mental state.

> Barely a fortnight had elapsed after the last menstrual period before symptoms of melancholia ... appeared, and shortly after, the suicidal tendency ... I endeavoured by moral, hygenic and tonic treatments to mitigate the symptoms but without success ... After most anxious consideration I decided to induce abortion, which ... had the effect of at once and completely relieving the symptoms.
>
> (Hayward,1887:189)

It is interesting that the unbalanced state of pregnancy and the woman's life are the issues rather than foetal life. Because nerve disorders (or in this case chronic suicidal tendencies) are considered an involuntary physical reaction to the state of pregnancy, the solution is to physically remove the source of insanity. Pregnancy has produced a deviation from the woman's healthy state and its termination restores the balance. This view equates reproductivity with disorder.

In general, nervous and mental conditions were influenced by the 'physiological periodicities' of the reproductive cycle. Puberty, menopause and menstruation were times of nervous and mental instability.

> The periods of physiological life, with their prevailing brain activity, have their corresponding physiological disturbances ... [in] puberty.
>
> (Beattie Smith,1903:65)

Women's nervous and mental stability are seen as ruled by the reproductive function.

> The mental derangement of the girl [is] the expression of a process related to ovario-uterine excitation, catamenial periods must be watched with regard to irregularity ... [P]uberty ... is the first really dangerous period of life ... [A]ll treatment must be based on physiologial considerations. The necessity of the regular functioning of the generative organs for the well being and mental stability of the individual is established, irregularities produce well-marked mental disturbances, and no one can observe the insane ... without becoming profoundly impressed with the connexion between irregularities and insanity.
>
> (Beattie Smith,1903:65)
>
> What the real nature of this inter-relation is is still a mystery. It may be that of a reflex interdependence between the generative organs and the brain. It may be of the nature of an auto-intoxication acting on the brain...
>
> [T]he internal secretion produced by ovaries is ... necessary to the health of the body and to the stability of the mind.
>
> (Hogg,1908:282)

Menstruation is an 'ovarian secretion' which directly maintains the balance of the body's nervous system. If the function is unstable it produces nervous disorder. For example the 'mental peculiarites' experienced at menopause and puberty are explained as disturbances of

> the internal economy ... this disturbance being in those fine tissue changes known as metaboliism, producing harmful waste matters, and known as an auto-intoxication.
>
> (Hogg,1908:282)

Excessive menstruation also has the effect of unbalancing the body, and disturbing the nervous system when it 'pour[s] into the system in excessive quantites'. (Hogg,1908:283) In this description the nervous system and reproductive system are integrally linked within a finely balanced mechanism. The reproductive system is not seen as an intrusion (an extant 'ovarian irritant' to the nervous system) but a needed excretion which balances the body and mind. The text operates with a notion of a unified female body with the reproductive system central to maintaining bodily and mental equilibrium.

In this view an already unbalanced nervous system, found in cases of nervous disorders, is further deranged by reproductive activity. Epilepsy, understood as a storm of nervous energy, is produced by a variety of irritants, but 'chief among them' is the ovarian and uterine 'peripheral irritants'. The ovaries produce 'excessive discharges of nervous energy, occuring primarily in the cortex of the brain'. (Springthorpe,1886:101) In an analysis of twenty one cases, Springthorpe finds that ten out of thirteen female cases suffered from either 'ovarian peripheral irritants' or emotional disturbances such as worry, excitement and anxiety. (Springthorpe,1886:192) In another case series, he diagnoses eleven out of nineteen cases as produced by an ovarian irritant or related to the menstrual period.(Springthorpe,1888:4)

Nervous disorders peculiar to the active reproductive state also constituted the norm of the female body as closer to disorder. The theory was that pregnancy and lactation were associated with manias which subsided with their completion. 'Puerperal' insanity was classified as a particular form of insanity and not just an exacerbation of some other form of mania.(deBurgh Griffith,1882:241) It was caused by the emotional and physical stress of pregnancy - one early text describes it as 'epileptic convulsions peculiar to the parturient state'. (Martin,1870:24) Pregnancy and labour unbalance the nervous system either through over stimulation or debilitation. Hence there are two forms of puerperal mania - acute or melancholia. Acute mania occurs after labour and melancholia during pregnancy or during the lactation period. The brain and other organs of the body act in 'nervous sympathy with the uterus' (deBurgh Griffith,1882:343; Cleland,1887:243):

> we have an acute nerve storm, with visual and aural delusions, fears, suspicions, loss of self-confidence ... this condition is one of brain exhaustion.
>
> (Beattie Smith,1903:68)

> The genito-urinary system must be attended to ... [with] full, frequent, and if necessary, forcible feeding from the start ... [and] rest in bed till excitement abates.
>
> (Beattie Smith,1903:67)

Menstruation marks the recovery of these cases. But it can also be a drain 'before return to general strength ... as it may be attended by increased mental disturbances, and perhaps, menorrhagia'. (Beattie Smith,1903:67) This is another example of how menstruation is both necessary and also a disordering phenomenon. It is a sign of femaleness and reproductive health, marking recovery, but various mental disorders can also occur and menstruation itself is often painful.

From this description reproductive activity is seen as a potential source of nervous and mental disorders. The notion of the female body is constituted as a precariously balanced reproductive mechanism with the nervous system acting as a sensitive medium to the female body's vulnerability. As established in chapter four sexuality was another area where the female body was constituted as a discrete medical subject. In the late 19th century gynaecological gaze the normal state of women's sexuality was the physiological ability to conceive. If women's sexual needs were not fulfilled the body became structurally disordered creating an emotional and mental imbalance. Sexual disorders were not a subject of early texts but as maternity became seen as women's sexual instinct, maternal fulfilment became a medical concern. This concern was

constituted as a physiological problem with environmental and evolutionary factors frustrating women's maternal/sexual role, producing disorders in the individual female body.

The reproductive function was seen as the physiological expression of women's sexual instinct. In order to maintain a healthy sexual function, the periodicity of menstruation and women's ability to reproduce should be ensured and the sexual appetite monitored from puberty. The pubesecent child,

> should be carefully examined and by degrees judiciously taught its sexual physiology ... [U]ntil marriage the excito-motor mechanism should be the subject of investigation and regulation, so that none but the normal impressions might travel upwards towards the brain. To this end it might be necessary to snip off a redundant prepuce, divide a contracted meatus, clip a short fenure, remove internal and open external piles, divide rectal fissures, attend to the diet and bowels ... and the same, mutatis mutenda in the female. Then the state of the periodic secretion should be enquired into, and by appropriate means directed to the normal.
>
> (Springthorpe,1884:12)

The normal in this case refers to a state of equilbrium which in the modern environment is a difficult one to attain - hence the need for medical intervention. It is the normal in the sense of 'what ought to be' , the norm in the sense of what is to be expected is of disorder due to the over-stimulating environment. Springthorpe argues that the environment should be regulated so that:

> all sexual stimuli, except the physiological, are to be avoided ... Chastity of mind must be cultivated, or lascivious thoughts will react downwards upon the lumbar centre ... by filling the mind with ... ideational [sic] and sensory [impressions] ... [W]e can not only prevent the access of sexual phenomena into the brain cells ... we can build up a cortical resistance to the less used sexual stimuli.
>
> (Springthorpe,1889:12)

Although these descriptions refer primarily to the male body, the assumption is that the female body participates in a sexual norm which is the physical desire for reproduction, a desire which needs to be carefully balanced. Springthorpe's argument is that if the 'prime physiological need' of sexual reproduction is not met nervous and emotional health suffers. Again, as mentioned in previous chapters, Springthorpe's work is actually situated more closely to nervous discourse so that his reference to both male and female body and his emphasis on the male could appear incongruous in a reading of gynaecological and obstetrical discourses. My reason for including his texts is to show how the female body enters medical discourses as a reproductive body. It is the reproductive function - the 'periodic' secretions should be enquired into and stablised in women, constituting female difference and disorder as determined by reproductivity.

5.3.5 Sexuality

Disordered forms of sexual desire were not the subject of 19th century gynaecology.[2] The medical journals rarely reported cases of nymphomania and masturbation, though some made a passing reference to masturbation as a cause of uterine congestion (Balls Headley,1879) and Springthorpe refers to a 'degradation of women' if they practice 'physiological abuse'. (Springthorpe,1889:11) As the last phrase suggests, sexuality was grounded in physiological needs. The only case of nymphomania recorded in the **Australian Medical Journal** during this period (Hamilton,1903) discusses the condition as a physiological departure from the norm. He notes that the disorder coincides with the menstrual period and produces a general depression. The symptoms are rectified by an operation, described in a report which focuses on the techniques to suture and rearrange the different nerves and muscles around the clitoris. Again this technical detail removes attention away from the clitoris as the site of female sexual excitement. The disorder is treated as a clinical dysfunction and the focus is on the physical structure of the body. This case suggests that activity of the sexual organs away from reproduction is seen as a physiological abnormality needing to be rectified by medical intervention.

In later texts the assumed sexual norm is the maternal instinct: woman's body is naturally and physically suffused by the need to reproduce. Whereas in men the sexual appetite is for the 'desire of gratification in the act of union', in women it is their being. If a woman does not bear children her health suffers. She,

> finally goes thin and atrophies - a wasted woman ... a drudge to sustain her body in food, unselected and hopeless ... evolutionary disease such as endometritis, may ensue.
>
> (Balls Headley,1894:29)

The energy of the body is so geared towards reproduction that,

> if the uterus does not occupy itself with the production of children, it may develop its structure in other directions; hence growths of muscular or fibrous tumours ... these tumours are more usually found in the virgin from non-marriage, or the sterile married woman ... from the incapacity of her husband.
>
> (Balls Headley,1892:537)

---

[2] This is in contrast to popular medical literature which often warned of the dangers of masturbation. The exception to the silence of the Victorian medical profession on women's sexual desire was Beaney's **The Generative System Its Function in Health and Disease** (1872). Beaney's stated concern was to prepare women to express sexual desire in marriage. He reports disorders arising from excessive sexual activity due to masturbation.He recommends excision of the clitoris in extreme cases following Baker Browns' techniques. Beaney describes lesbianism as the 'most incomprehensible mental or psychological condition to which women are subject', though he can understand prostitutes adopting that practice. Beaney was not an accepted member of the hospital,university and Collin's Street practices, though he had a large private practice. His work has therefore not been considered in detail. Interesting questions to be asked in relation to his work are whether his concern with feminine sexual behaviour lead to his exclusion from the profession and the reason for why his practice was so popular and successful.

O'Sullivan, in his discussion of female ill health, also sees the female body as geared towards maternity. If women 'impede their sexual organs in the due discharge of their allotted functions' they will become ill. (O'Sullivan,1897:20)He condemns contraception as a cause of disorder in the female body by its production of a fundamental sexual disequilibrium. Contraception frustrates women's 'natural outlet for energy and affection'. (O'Sullivan,1907:67) In this understanding, if the female body's sexuality (read potential to reproduce) is blocked, the body's health and emotions become unbalanced and the whole body is thrown into disorder. In these texts maternity is understood as a physical need which demands fulfilment for the health of the individual.

In discussing the sexual norm I have so far looked at texts which discuss the individual workings of the female body. Linked into the understanding of the precarious balance of the norm of the female body and its liability to disorder was an understanding of the environment and evolution. On this level women were categorized as a group of the population which particularly suffered from the effects of civilisation. In the next section I look at how women were seen as disordered in relation to their role as propagator of the race and the effects of civilisation.

5.4 The representation of the Social Body

In this section I look at how 'the normal' and 'the disordered' functions in relation to the social body. I do this in two ways. First, I look at how the social body is constituted as a social organism that moves through states of health, growth and decline. Secondly, I look at how, on a macro level, the female body is depicted as a highly specialised product of civilised progress and natural selection. The aim of the analysis is to look at how late 19th century medical discourse conceptualised the population's health and stability in the analysis of the normal and the disordered state of the social body and my analysis of the female body as the representation of the social body by looking in more detail at the texts' references to femaleness and the social. This analysis raises a number of questions about how the concepts of 'normal', 'disorder', 'social' and 'female' informed medical texts' reference to late 19th century social discourses on nature, evolution and civilised progress. The focus is on reproduction as situated in both the social and natural domain, representing female duty to the race and also the point of social vulnerability. The questions raised here is what part did women's reproductivity play in the 19th century understanding of human development and the struggle between civilisation's development and nature? Did the disorder that I have argued was associated with the individual body's femaleness inform the understanding of the social body's health and pathology? Was there a 'norm' which was dependant on the propagation of the race and the female body's role in social reproduction? The point of the analysis is not to prove a simple equation between woman and nature, femaleness and disorder, but rather to look at how the contradictions which I have discerned in the 'normal' and the 'disordered' states of the female body operate as a metaphor of late 19th century views on the social body's health and women's role in social evolution. My analysis shows both how the use of the female body as metaphor indicates that there were contradictions

in the 19th century theories of the social body and in what way the medicalising of the female body represents these contradictions.

My analysis is of texts which address the issue of social progress, evolution, health and propagation. My focus is not on a shift in medical perception between the 1870s and 1900s because prior to the late 1880s texts were not as concerned with these issues. A more developed sense of medical interest in the social body and the general rise in intellectual and political concern with the state of the population's health and civilised progress occurred in the 1880s and 1890s.

The issue of the social body covers a large conceptual area in 19th century thought, a range which is reflected in the **Australian Medical Journal**. In the 1890s and early 1900s, and as other studies have shown in later periods,[3] the health and propagation of the race were issues in medical writing. References to early eugenic programmes, statistical measurement of the health of the population, concerns with the health and sanitation of the population appear in many articles and editorials of the **Australian Medical Journal**.[4] These articles are concerned with the ordering of the population's health and welfare, more specifically with the health and continuation of the white races. At an abstract level the normal state of the social body is linked to the progressive continuation of the race and a healthy population, but, as in the understanding of the normal and disordered at the individual level, this concept of the normal involves both the ideal, 'what ought to be', and the expected, the average of 'what is', and again, the same contradiction arises between the norm of 'what ought to be' and the norm of the expected with its failure to achieve the ideal because the normal contains within it a disordered state. The notions of the body, the norm and disordered become linked in a complicated view of the evolution of society's health and propagation. In this context the female reproductive body represents social progress and health. By this statement I do not mean to imply that the female body becomes the generic meaning of the social body, but rather that the concepts of reproduction and femaleness are important in the medical concern with the normal and disordered function of the population as a whole. Women's liability to disorder on an individual level is translated at this social level as the declining birth rate and difficulty in the propagation of the race.

In the 1980s historians have become increasingly concerned with issues of the social body in 19th century discourses on the health and progress of the population. Their work suggests that the notion of the social body was an important organising concept in 19th century discourses on the population. Gallagher (1986) in her assessment of Malthus and Mayhew argues that the 19th century reevaluated the meaning of the healthy social body. Whereas prior to Malthus the equation between the individual and social body was based on the belief in the possibility of biological perfectibility, and the health of the individual body was a straightforward indicator of

---

3 See Kelly, 1982b; Bacchi,1980

4 See for example - Goergs,1884; Springthorpe,1889; Jamieson,1895; Springthorpe,1896; Chapple, 1899; Cope,1900; Barrett,1901; Beattie Smith,1903; Trivett,1904; McLean,1904; Anon,1904; Cuscaden,1910; Springthorpe,1911; and Jackson,1911.

the health or infirmity of the social body, work written after Malthus introduced a more complex notion of the reproductive norm and disorder of the social state. In these later discourses the notion of reproduction is central. Gallagher argues that 19th century social discourses and practices constituted the population as the reproducing body. The individual body was not just a healthy or unhealthy subject but a reproducing subject that carried within it hidden genetic or inheritable characteristics which might or might not be of use to the population in general. The dynamics of social progress and natural selection were such that the population could threaten its own existence by over producing or failing to select the right characteristics. The social body, in this schema, had the potential 'to destroy the very prosperity that made it fecund, replacing health and innocence with misery and vice'. (Gallagher,1986:84) The apparent contradiction which Gallagher points to between the social body's progress and the potential inherent decay in these theories of the population, I would argue illustrates a model of the norm and the disordered which I discuss in this chapter. The social body in 19th century thought is understood as 'normally' a healthy and consequently reproducing body which harbingers a disordered state of being. Society's norm (as in the habitual) is essentially one of disorder, failing always to achieve an ideal norm of what ought to be, biological perfectibility, because the process of reproduction itself always invites potential disorder. The body, represented as the fecund and therefore generically female body, is thus turned into a biological and social problem. In theories of natural selection and evolution of the species which underline 19th century social thought, the reproductive social body is continually carrying within it both the seeds of progress and degeneration. It is a metaphor of nature's potential and civilisation's failure. In this sense it is an important area of measurement and control but also problematic - the notion of body acts as a sign and metaphor of individual and social health - but contains within it an inherent ambivalence. The reproductive body is no longer a metaphor of perfectibility as in pre Malthusian work (Gallagher,1986 :84) but has become in the 19th century (and 20th century) an equally powerful sign of human progress and order (or disorder) :

> unavailable as a metaphor of order and harmony, equally untranscendable and imperfectible, the body came to occupy the centre of social discourse obsessed with sanitation, with minimising bodily contact and preventing the now alarmingly transverrable boundaries of individual bodies from being penetrated by a host of foreign elements. Medical doctors became the most prestigious experts on social problems. Society was imagined to be a chronically, incurably ill organism that could only be kept alive by the constant flushing, draining and excising of various deleterious elements.
>
> (Gallagher,1986:90)

Gallagher's work draws attention to the metaphoric correspondance made between body and society, where descriptions of the individual body take on meanings of order in the social domain.

The reproductive body is a norm that carries within it disorder, or degeneracy from generation to generation and yet always offers the potential of social progress.

Weeks, in his assessment of 19th century views of the social body, also looks at the meaning of the norm of the reproductive body. His analysis looks at the metaphor of the reproductive couple. He argues that Darwinian inspired evolutionary discourses place the sexual relationship between man and woman as the norm at a macro level. The social body is defined by this norm of the heterosexual couple which although a biologically necessary and inevitable unit carries with it social dangers which require 'self control' and 'clean living'. The female body's reproductivity takes on a symbolic meaning as one half of this heterosexual coupling, and on a macro level represents the potential fecundity of the race. In this representation sexual difference means more than just physical difference which enabled reproductive sex but a fundamental dichotomy which holds social value and demanded social explanations. In 19th century thought female reproductivity, then, means the social ability to continue the race, and is understood as operating in a social domain which links the understanding of the individual female body to a series of dualities which give meaning to the social body. Sexual difference and the reproductivity of woman are constituted in the social domain through 19th century definitions of vice/virtue; hygiene/disease; morality/depravity; civilisation/animality; nature/culture; mind/body; and reason/instinct. At the centre of the 19th century assessment of the reproducing social body is the notion of the normal containing within it a tendency to disorder, and a series of competing dichotomies which operate with femaleness as the representative of social imbalance and disorder.

In these post-Darwinian theories of society, Weeks argues, medicine provides scientific definitions which are then available to justify social differences and changing social assumptions and needs. (Weeks,1985:88) Medical discourse, in this sense, is locked into and makes theoretical sense of, accepted beliefs about the proper spheres of man and woman, on both a biological and social level.

In 19th century social thought then, notions of reproduction , the normal and the disordered, are central to descriptions of the continual struggles between progress and decay; nature and civilisation; evolution and degeneration; productivity and reproductivity in theories of social health and growth. In the following sections I take up the implications of this analysis in my exploration of these issues in 19th century medical texts which constitute the female body's reproductivity as symbolic of the social body's order and disorder.

Balls Headley's texts (1892,1894), lock the individual female body into an 'evolving path of disease', so that the norm (as in the habitual) of the female body is closer to pathology than health. This view of the female body is achieved both in descriptions of the workings of the individual female body - the functional inability of the uterus and the range of diseases to which the civilised female body is subject - and also in the description of woman as a category in civilisation which is continually subject to disorder. In both these sets of descriptions the individual body represents a social disorder - the 'evolving diseases of women' is an

'evolutionary ploy' which is nature's way of controlling and maintaining the population's growth.

> With regard to the mode of causation of the diseases of women, it seems to me that ... being originally well and healthily made ... the circumstances and the manner of their existence are such as to place them in the way of a breaking down of their machinery ... and that some part having so failed, its lapse from the normal so influences for evil other parts, as to be liable to cause a general disorganisation and failure ... [T]heir manifold affections may be studied as a gradual progress or evolution of disease ...in women rendering them incapable of continuing to bear children ... The conditions of advanced development effect the necessities of advanced civilisation - a limited population.
>
> (Balls Headley,1892:522)

In this description the female body is the representations of the evolving reproductive body and the progressive (or temporarily disordered) of evolution. Female reproductivity is described in the context of a series of dichotomies. Woman is a product of a natural selection which has moved the individual and social body closer to pathology in order to halt the dangers of an over vital, over healthy population. Balls Headley applies a crude form of Malthusianism in his explanation of the decline of social growth. In describing the environment which has produced these evolving diseases Balls Headley sets up a series of dualities similar to the ones Weeks suggests were associated with 19th century views of the reproductive couple. Women's ability to reproduce is depicted as a natural, morally correct reason for her role in the social body. Anything which detracts from this ability is seen as disordering. In the description of the civilised social body as degenerate, the female body represents nature, fecundity and gentility. These are the properties attributed to her reproductivity which, in Balls Headley's argument, cannot be expressed in the civilised environment. The civilised environment does not allow women's natural or normal form of being to exist but produces a stated 'unnatural', sterility and disorder. In this discussion of civilised women's evolving disease, Balls Headley lists the causes of reproductive troubles of the social body - the low birth rate and perceived explosion of female diseases in the late 19th century - as due to the encouragement of over-delicate constitution, refined manners and study for middle class women, unsuitable employment of lower class girls, sexual frustration of unmarried women in general and over vigorous exercise (he names horse riding, barwork and skating). (Balls Headley, 1892:525)

In Balls Headley's texts the female body is constituted as the reproductive body - woman's whole being exists for reproductivity and therefore on a macro level, the women's social existence is for the propagation of the social body. This is at once natural and necessary and culturally difficult. In contrast to what 'ought to be' the norm of civilised society has produced a disorder that is expressed both in women's physiological form and the population's instability. Civilised habits such as women marrying late and the lack of marriageable men (Balls Headley argues that men prefer to take advantage of the luxuries of civilised life, including prostitution,

rather than marrying at a biologically suitable time), has lead to a population of women who have been 'render[ed] less fit for the healthy propagation of the race'. (Balls Headley,1894:10) Balls Headley measures this individual lack by a statistical survey of the effect of 'heredity, life and education of civilisation'. He presents a set of twelve tables taken from the statistics of 'civilised countries' (defined as thirty one European countries and colonies) which measure how marriage habits have produced ill health in women and in the social body with an increase in general ill health, difficulty in child bearing, infanticide and illegitimacy. Social laws are presented as clashing with natural laws, a clash which is played out in the female body and therefore society:

> That a large number of women in civilised countries cannot marry, or marry at an age when they become injuriously affected, is no improvement on the sexual condition of women in a state of Nature, or in conditions of less advanced civilisation ... The strongest instinct in the animal kingdom is ... limited by our present social state ... Thus civilisation has not apparently perfected the condition of women from the point of view of invariable sexual opportunity; nor has monogamy compelled the selection of the fittest from some social aspects.
>
> (Balls Headley,1894:20-21)

It is interesting that Balls Headley appears to be critical of civilised customs even to the extent of questioning monogamy. However, elsewhere he praises monogamy as the summit of human sexual relations, his reference here is to how 19th century civilisation has mismanaged monogamy from a biological point of view - men choosing the attractive delicate and refined woman rather than the sturdy potential mother, women being encouraged to pursue fashion rather than motherhood. All of these expressions of sexual attraction lead to an unwise selection of women and therefore a general disorder of social propagation. The female body is symbolic of the contradictions of civilised living - attractive culturally and socially but unnatural and biologically inadequate. There is an ideal 'norm' of social existence which resolves these contradictions by the biologically healthy woman becoming sexually desirable, allowing for the selection of the fittests to favour 'true' evolutionary progress.

At the centre of the social concern with female fecundity is the problem of reproduction as disordering in itself. In Balls Headley's argument, reproduction is a necessity but has become a time of vulnerability, a vulnerablity which the civilised environment exacerbates, so that although woman is closer to nature, she has evolved in such a way that the natural environment itself has become a physical threat.

> In civilisation, women are so accustomed as to need reliable shelter, and constant protection proportionate to the atmospheric conditions; should they not receive them, they are chilled, and the system is affected. Yet the animal nature is liable to assert itself, and such caution is omitted ... Should then a woman be wetted,or chilled, at the time of the monthly discharge, the shock to the system may check it, and, the several organs

being thrown out of gear, illness results.
(Balls Headley,1892:523-4)

Nature, here represented by atmosphere, unbalances the female body which has developed to rely on the artifices of civilisation. Social forces are seen as competing with natural laws and the outcome is ill health for women and poor 'sexual conformation' which ultimately damages the health of the population.

Coupled with these arguments about the social body's degeneration, difficulties and decay, with civilisation working against nature, is the notion of civilisation as a state of progress and development. Again, in this understanding the description of the female body takes on the properties of the social body. Women are described as having developed into a 'race of such extraordinary physical growth and beauty that has probably never before existed'. (Balls Headley,1894:29) Women are at once perfect and disordered - an ideal and a failure to achieve 'that which ought to be'. In this sense, women represent both the potential achievements of civilisation, its beauty and progress and its degeneracy and declining fecundity. Interestingly the male and female body represent two different aspects of social evolution. Woman represents the essence of natural fecundity, man the drive to develop society. Woman's body is acted upon, man acts. In this dichotomy men fail to perform whereas women exist as essentially disordered. Female social activity equals reproductivity, a maternal desire which is natural. Its existence does not depend on human agency, though in its natural expression it is the tool of evolutionary development. It is displayed in cultural pursuits, activity which involves choice and guides social developments. Men's social activity is seen as progressing with the stages of evolution :

among the earliest of the human races ... man control[led] the woman ... as being the stronger, since in her pregnancy and parturition she would necessarily be the weaker. Thus he defended her against wild animals ... Strength and wealth acculmulated ... Women were property ... Thus with increase of prospertiy evolved polygamy ... [which] gradually though slowly changed; and mongamy, up to the time of the Reformation in the 16th century ... is now the universal law in every advanced nation.
(Balls Headley,1894:3 -6)

During the modern period women expressed their 'sexual power' by being selected by men for monogamous mating while men selected women and participated in economic and political competition. The laws of nature apply to women, whereas the laws of culture are dictated by men's activities. The metaphoric weight of reproduction as essentially female in the explanation of social propagation means that the male body does not take on the same significance in the biological explanation of social reproduction. It is male activity and female passivity which is assumed to be the basis of both individual difference and the reproductive unit which ensures

social health and growth.

In O'Sullivan's texts the issue of reproductivity is situated in the debate about the social need to populate rather than in evolutionary terms. This leads to a rather different emphasis on the reproductive function. The female body rather than the reproductive unit takes on the full burden of reproducing the race and maintaining a healthy population. The male role is not discussed, the female body is seen as existing purely for reproduction. On a metaphoric level the perceived general ill health of civilised woman is taken as a direct representation of the degeneracy of the social body. The declining birth rate and 'depravity' of social life is mapped on to women's inability to reproduce and general ill health. The female body symbolically carries the burden of the civilised body's digression, so that 'la femme est une malade'. (O'Sullivan,1894:27)

The major contention of O'Sullivan's **The Proclivity of Civilized Women to Uterine Displacement: the Antidote** (1894) is that civilisation frustrates woman's normal state as reproducer of the species. As in Balls Headley's texts, there is a dichotomy set up between nature and the artifice of civilisation. Women are singled out as the social category which pays 'nature's price' for the degeneracy of civilisation. Civilized women's 'chronic invalidism' (O'Sullivan,1894:11) is established as a fall from a 'natural state' because of the pernicious habits of civilisation, the prime example being tightlacing. O'Sullivan categorises women into different racial groups: English speaking white race, other civilisations - such as India and China - and 'primitive' aboriginal peoples such as the Australian aboriginals. Civilised women's tightlacing is compared to the Indian squaw who 'flattens her head' and the 'Chinese woman who compresses her foot into an unsymmetrical mass'. (O'Sullivan,1894:12) These women are contrasted to Australian Aboriginal women who represent natural reproductive ability. These women live under the 'natural primitive conditions of life' which is evident in their sturdy physiological structure 'the stable condition of all [their] uterine supports ... recuperative power and vitality' in pregnancy and childbirth. (O'Sullivan,1894:13) In a comparison between all these types, civilised white Australian women are depicted as the most disordered. They are described as the women of 'fashion, comprising all grades of society' who are the 'victims of aches and pains ... during the whole period of active life'. (O'Sullivan,1894:18) Civilised life has clashed with the normal reproductive state of woman, a state defined in this text as the natural state of the Aboriginal people. The female body's reproductivity makes her the representative of the 'laws of life'. Women cannot ignore these moral, social and biological obligations. They should be

> made to recognise that, though mistress of Creation, [they are] still subject to the kindly laws of life; that self preservation should be with [them], as it is with everything, the guiding principle of existence, and that without it, all [their] highest obligations to existing as well as to future generations become impossible.
>
> (O'Sullivan,1894:23)

The disregard of physiological laws plays itself out in the female body and ultimately in the 'natural progress' of the race.

In his Presidential Addresses (1897,1907) O'Sullivan discusses further factors contributing to the 'etiology of the ever-increasing invalidism which would seem to have become the heritage of civilised women'. (O'Sullivan,1897:19) He singles out promiscuity, abortion and contraception as the most frequent causes of ill health in women. (O'Sullivan,1897:19) Venereal disease is seen as 'gaining strength from generation to generation' until it has become a 'veritable scourge amongst our womankind'. (O'Sullivan,1897:20) Abortion and the 'lamentable Neo-Malthusian practice of contraception' frustrate natural laws and are a 'degrading source of national weakness and disease'. (O'Sullivan,1897:20) Women, in failing to carry out the duties of maternity either because of 'luxurious indolence' or because of 'shiftless poverty', are working against their individual destiny and those of future generations. (O'Sullivan,1897:20) The concern is that civilised living has induced a pathological condition in women which has lead to the 'decadence of national power and strength'. (O'Sullivan,1907:52) The 'endless train of pelvic ills that affect a large proportion of our womanhood' contribute to 'race suicide'. The demoralization and denaturalisation of woman is reflected in the decreasing growth rate of the population.

In this view the individual female body represents the social body. Contraception is both the most common cause of ill health in women and the cause of diminution of the population's fertility. (O'Sullivan,1907: 65,66) Women are working against 'Nature's immutable laws' which underlie 'all the relations of life and permeate the whole fabric of society'. (O'Sullivan,1907:66) O'Sullivan sees 'ill health and childlessness' as 'sources of national weakness'. Interestingly men are not held primarily responsible for this national decline. It is women who are the essential unit of reproduction which is failing to fulfil its task. O'Sullivan warns that civilised degeneracy could follow the path of the Roman Empire when,

> the decadent Roman woman declined her duty of bearing sons; when childlessness became common; when the family institution fell; when the Latin race underwent an alarming diminuition ...What happened to Rome and Greece may some day befall our own beloved country.
> (O'Sullivan,1907:69)

In O'Sullivan's texts the normal form of the social body in civilisation is closer to disorder than health, a disorder which can be read directly from the condition of civilised woman. The logic of this statement is that the key to improve social health is in reforming women's reproductive behaviour. In these texts the natural order is the ideal norm to which civilised woman should reach. The representative of this norm is the 'primitive' woman, the sturdy, stable figure of maternity, symbolic of all that the delicate, unstable, artificial civilised woman is not. This does not mean that civilised women should adopt the manners and habits of Aboriginal women, but that social conditions must change so that civilised women also can have stable

uterine ligaments and vigorous recuperative power. This will ensure women are able to perform their natural duty. This view places the reproductive female body in the paradoxical position of being essentially defined by its closeness to nature, woman is the 'mistress of creation' and yet also she is the most vulnerable to the artifice and disorders produced in the modern environment. Woman's attraction as a symbol of progress and desirablity for coupling and reproducing, produces a disorder which detracts from her ability to carry out the purpose of her being. Tightlacing, as one of the habits of civilisation, symbolises both the artifice of civilisation and the essential denaturalisation of women who cannot easily fulfil their reproductive role. Ultimately the inadequacy of the social body is in its development away from natural reproductive laws.

In Cope's 'Preventative Treatment in Diseases of Women' (1900) the female body is a direct symbol of civilisation's decay. Cope closely links women's reproductive organs to the needs of the social body. The text begins with the statement,

> [n]ow that the population is crying out about the decrease in the birth rate in New South Wales, one necessarily turns one's thoughts to the uterus and its appendages.
>
> (Cope,1900:30)

This statement directly links the decrease in the birth rate, defined as the measure of the population's health, with women's reproductive ability, and the act of heterosexual intercourse. The reproductive organs and women's reproductive potential are endangered in civilised living which does not take into account the disordering factors of civilisation.

The text is also an example of how the medical profession is constituted as the group which can restore order in a disordered society. Cope argues for preventive treatment which suggests continual medical surveillance is needed to ensure both the healthy maternal body and the thriving social body. His views on preventive treatment suggest that social reproduction carries with it a norm of disorder in modern civilisation. Women's 'social use' is for reproduction and all social behaviour should be geared towards this social use by producing 'pure' internal and external environments and behaviour. Just as the female body should be douched to ensure a 'clear path' between the peritoneal cavity and vagina, so should the city's streets and houses be kept clean by the Board of Health removing prostitutes and the risk of venereal disease. The public streets and 'reeking' brothels are preventing the social body from reproducing and analogously, women, in failing to take medical advice, are not taking care of their reproductive potential.

In this text there is a close link made between the notion of social reproduction, female reproductivity and sexuality, on both a micro and macro level. In each case it is the medical profession's responsibility to repair the body - either by tightening the 'mechanism' of the patient after childbrith, or by ensuring the population is made clean by ridding it of possible avenues of

non reproduction and therefore disease-producing behaviour. Disease of the social body is evidenced by the declining birth rate - a result of morbid processes spread by illicit sexual behaviour described as the 'codlin moth of our population which is eating into the very heart of our progress'. (Cope,1900:31) Doctors need to purify and bring to order the social body by reestablishing the reproductive female body. Instead of unsexing women by radical surgery, a practice Cope strenuously argues against, women must be looked after medically in order to fulfil their task of nourishing, training and influencing the future race. Women should not be 'mere breeding machines' but rather 'socially useful' members of the population who will ensure a healthy birth rate.

The text works with an established notion of the norm of the social body as a healthy, morally pure, growing state, a norm which is dependent on a healthy female population. The present disordered social climate is due to neglect of women's potential reproductive activity, a disorder symbolised in women's weaknesses and hysterical concern with their appendages. The natural order of the healthy, maternal social body can be achieved only by the recognition of the potential danger and disorder reproductivity can produce - a danger and disorder medical intervention, at both a state and individual level, can rectify.

5.5 Meanings of the Body and Gender

From the preceding sections a number of conclusions and questions can be made about the notion of the normal and the disordered in the 19th century medical gaze of the female body. In this section I summarize the major issues arising from my analysis of the medicalisation of the female body on both a micro and macro level before concluding with a more abstract discussion about the meanings of 'body' and 'gender' in relation to the norm and disordered. This second discussion returns to the issues I initially raised in the introduction about the female body as inherently disordered. I reappraise issues raised by the equation of 'woman as disordered' by looking at how the norm and the disordered related to meanings of woman as womb and woman as desire.

My analysis of the empirical view of the female body suggests that the different areas of the body which marked femaleness were also perceived as introducing a disorder associated with the reproductive function. Pregnancy, menstruation, nervousness and sexuality were seen as signs of both female reproductivity and inherent disorder. My argument is that gynaecology and obstetrical discourse medicalised the female body through a growing focus on the workings of the reproductive function so that there was a shift from seeing reproduction as introducing disorder to reproductive disorder suffusing the whole body. The norm of the female body became a precariously balanced state pivoted around the uterus. The very thing which defined women's femaleness and healthy functioning - reproduction - produced a continual potential for disorder which warranted medical surveillance throughout women's mature life. O'Sullivan's description of woman's reproductive cycle gives a good summary of this general view. Woman is

> provided with organs which undergo extraordinary cyclic changes. During active procreative life ... certain physical processes -'ovulation', 'menstruation', 'conception', 'gestation', 'parturition', 'lactation', are in constant circuit ... [T]hese complicated processes are easily disturbed ... [A]ll through their time of sexual vigour a thousand causes may throw them into disorder.
>
> (0'Sullivan,1897:20)

In this description we have a fully medicalised norm of the reproductive female body. The normal (the 'habitual') is a complex series of reproductive disorders which determine women's sexuality and dictate her reason for being. The other meaning of normal 'what ought to be' is linked to this habitual norm of disorder. The ideal norm of the body - a physical entity that does not have femaleness or reproductivity introducing disorder - cannot by definition be reached by the female body. Again this meaning of normal is a medicalisation of female reproductivity as continually failing to achieve and therefore being seen as always closer to disorder. In both senses of the norm the essence of femaleness is caught up in a physical cycle which in normal functioning is close to disorder - reproductivity is a time of 'sexual vigour' and yet produces continual vulnerability.

As I suggest in section three, this medicalising of the female body is achieved through the exploration of the internal female organs and the translating of reproductive activity from outside the medical domain to a medical event subject to infinite dangers, medical protection and surgical intervention. I argue that pregnancy and menstruation are important signs of female reproductivity and therefore, femaleness. During this period pregnancy becomes constituted as a medical event, the stages of pregnancy are sanitised, measured and watched, the metaphors of normal pregnancy become those of the clinic and surgery. Pregnancy always entertains a potential disorder which only medical knowledge and practice can contain. Menstruation is an even more fecund sign of female disorder. It signifies woman's essential closeness to disorder in the depiction of women as generally suffering from menstrual disability, a disability intensified by activity which does not belong to the stereotyped feminine role. This disorder is also illustrated in the descriptions of menstruation as a monthly haemorrhage which in any other medical context would be a sign of alarm, and in the underlying associations of traditional and religious taboos about the impurity of menstruation. In these views menstruation is necessary for women's health and yet it is the time at which women are most vulnerable to other disorders - for example Springthorpe lists menstrual problems as closely associated with nervous disorders and Hogg links mental disabilities with both normal menstrual activity and disturbances of the menstrual function. The fact that menstruation is also a sign of reproduction links the notion of reproduction and femaleness very closely to disorder. Menstruation is constituted as a sign of womanhood and disorder in such a way that the norm of the female body is closer to disorder than health. Even if the woman is seen as healthy, the sign of her health, the monthly menstrual cycle, immediately signals an inherent disorder and her potential as a medical subject.

In this medical gaze the uterus, as the organ which 19th century medical practice most closely investigated as the centre of reproductive activity, becomes the ultimate symbol of 19th century woman. The uterus is depicted as precariously balanced in the structure of the female body. Medical techniques are developed to ensure its correct position in the female body's precarious internal and external environment. It takes on a symbolic significance as the site of reproduction and as the defining organ of woman, and most significantly, in terms of the medicalising of the female body, it is the site of disorder which 19th century medical techniques learn to manage. The uterus is depicted as constantly invaded by germs, made more vulnerable by civilised women's behaviour and ultimately in need of medical intervention in order to perform its normal function. As in the understanding of pregnancy and menstruation, the view of the uterus, as the symbol of womanhood, constitutes the norm of the female body as centred on an inherent imbalance and inadequacy.

This inadequacy is reflected in the assumptions made about women's nervousness and sexuality. The general vulnerability attached to reproduction is depicted as integrally connected to women's nervous instablity. Again the norm contains the notion of disorder. Reproductivity is needed to establish a nervous equilibrium and equally it can unbalance nervous and mental health. Women's sexuality is also equated directly with the reproductive function, the assumption being that woman's sexual desire is simply a maternal desire to procreate. The medical norm is of a healthy reproductive female body divorced from a notion of active sexual desire. Though inevitably suffering from the dangers of menstruation and childbirth the female body, nevertheless, exists to fulfil its maternal function. The female body, in this sense, is a mechanism which should always be ready to participate in copulation, a potentially health risking procedure which the maternal instinct overcomes. In this view maternity is quite removed from any sexual drive which is defined as male activity.

The perception of sexuality is also crucial to an explanation of the norm and the disordered in relation to the social body. At this level the female body's procreative ability and maternal function is depicted as a crucial element in the health and growth of the population. Whereas at the level of the individual body the assumption is that woman must reproduce in order to be healthy and prove her utility as a woman, at the level of the social body a more complex notion of the normal and disordered operates. In natural conditions the female body's ability to reproduce represents the adequacy of the social body. However, in the progress of civilisation, inherent inadequacies have evolved so that procreation produces disorder and dangers. Social degeneracy is evident in illicit sexual behaviour - such as prostitution, and unregulated sexuality. There are laws of natural behaviour which social evolution has failed to obey, hence sexual interaction contains seeds of social destruction. The female body, as the symbolic site of sexual activity - the vessel which carries the seed, produces the progeny - represents the potential of the social body's progress and growth. Hence women's sexuality, equated with maternity, is not actually an individual desire but rather an expression of the social body to reproduce itself. The

female body and women's sexuality becomes a social property which the medical profession, as the authority which understands the workings of the female body, can most appreciate and manage.

This last conclusion about the understanding of the social body in relation to the norm and the disordered brings us back to a more general discussion about how the notion of 'body' and 'gender' operated at an individual and social level.

At the level of the individual, the female body is represented as an individual physicality which is made up of sites of disorder. Reproduction introduces a disorder which by the end of the period is seen as suffused throughout the body. The issue I wish to raise here is that in this constitution of the female body what is 'not male', ie what is female, is disordered. The uterus, menstruation and pregnancy are all symbolic of what is female, they represent the 'difference' of the female body. My argument here is that female reproduction is defined as complex and disordering because it deviates from an unspoken norm of the male body. The concepts of 'norm', 'body' and 'gender' create a continual contradiction in the individual female body. Female health is necessarily always problematic because it contains within it this disordering reproductivity. To be a healthy female, to reproduce, to have a uterus, to bleed, is simultaneously always to be closer to disorder because these are the signs of not being male.

At a social level the series of dualities, which Weeks and others have discussed, produces a continuing ambivalence. At this level woman represents nature. She is associated with evolution and the essence of life. Her social role can be compared to 'primitive' people, her body's structure is seen as linking her 'naturally' to maternal roles. Her ability to give birth is postulated as timeless, closer to the earth, a naturally defined social function. To be 'not male' here is to be generalised at a metaphoric level to become the stable influence of society, an influence which is translated as qualities of higher morality, passivity and naturalness. Simultaneously, this representation of the female body as the maternal social body at one with nature, is linked with the representation of the female body as the product of the civilised environment. In this representation woman is depicted as more refined, more vulnerable, more highly evolved. The degeneracy of civilisation is seen as directly illustrated in the inability of woman to fulfil her social role. As Balls Headley's and O'Sullivan's texts show, the struggle between nature and civilisation presents itself in the inadequacy of the female half of the population to propagate the race. Women's perceived continual vulnerability and illness is read as the failure of women to carry out their social duties and therefore, ultimately, the failure of the civilised world to progress according to natural laws. The constitution of reproduction as the site of social disorder (ie social disease and inadequate social growth) places the female body as the metaphoric representation of reproduction, an important social resource to be managed and maintained. The notion of woman as individually inherently disordered, and as the symbol of civilised degeneracy, constitutes the female body as a medical subject which has meaning beyond the clinical domain. The metaphoric understanding of the female body translates into practices which situate woman as forever a

potential medical subject and also the subject of a series of social demands, demands which are necessary for the good of the social body. In this sense the development of the norm and the disordered in relation to the female body effectively justifies medical intervention in women's mature lives in order to maintain the social norm of the procreative body.

The notion of woman as womb, then, contains within it many ambivalences and contradictions. Woman is designed for procreative behaviour, behaviour which produces disorder which therefore demands medical intervention. Woman is created for procreation but she herself does not desire it, it is a social function which, because of evolutionary and civilised developments, is failing, and therefore demands medical intervention. Woman is therefore the desired but not the desiring, the reproducer who is unable to manage her reproductive ability and needs medical intervention to perform. Her inherent disorder, unstable normality, needs medical surveillance which, to be effective, must be carried out on both an individual and social level.

These last issues can be more fully explored in a wider theoretical context. In the next chapter I conclude my examination of the 19th century gynaecological and obstetrical gaze by looking at the implications of my analysis for theories of sexual difference and representations of the body.

6. Reappraising 'Woman as Womb'

6.1 Introduction

Chapter six takes up the second focus of my thesis - a theoretical analysis of the structuring of the female physical space in late 19th century medical discourse. I look at how my disruption of the symbol of woman as reproducer helps elucidate the particular representations of gender, difference and femininity in late 19th century medical texts. This concluding chapter returns to the questions initially raised in chapter one about how medical knowledge and institutional practices constituted a view of the female body which 'encapsulated' and 'helped form' definitions of women's individuality and social reproductive role.

In this study of the relationship between power and knowledge I examine two themes which emerged both in my historical narrative of medical discourse (chapter two) and in my redescriptions of the female body in Australian medical writing in late 19th century Melbourne (chapters three,four and five). The first is the importance of reproduction in the medical representation of the female body. In reexamining the notion of reproduction at a more theoretical level, I look at what the contradictions between the notion of the individual body and social body imply in late 19th century social relations centred on the population. Critical to this analysis is Foucault's concept of biopolitics. The second theme is the constitution of the female body as metaphor in the representations of the female body as a medical subject. This discussion looks at how the female body carries a symbolic weight beyond the clinical domain which gave gynaecology and obstetrics a special importance in defining 19th century views of gender and difference. I look at how gynaecology and obstetrics could justify the need for specialist fields of medical knowledge about the female body and how the female body was understood on a general level as 'the other' or 'not male'.

The last section of the chapter concludes my discussion of gender, difference and individuality. In particular I refer to the theoretical work discussed in the introductory chapter to suggest how my work builds on and differs from these critiques. The discussion also touches on some of the problems and issues which emerge in feminist critiques of medical representations of the female body.

6.2 Reproduction and Power Relations

In returning to the issues I raised in chapter one about the relationship between power and knowledge and the importance of the concept of 'reproduction' in the medical representation of the female body, I return to Foucault's work on the deployment of sexuality and the regulation of the individual body and social body. In order to reengage with this theoretical work the section is divided into two subsections - the first of which discusses Foucault's concept of biopolitics and the second how biopolitics is a useful concept in my analysis of the female body. In the first

discussion I give a theoretical exposition of biopolitics by looking at how the medical intervention in the issues of reproduction is an important strategy in the technologies of power. In the third section of this chapter I summarize my application of this theoretical perspective to late 19th century medical discourse relating to the female body. The contradictions and problems I have found in Foucault's analysis I leave to section four where I expand on the theoretical implications of my analysis for both a Foucauldian and a feminist approach to the history of gender and representations.

In Foucault's analysis of biopower the notion of reproduction is explained as part of a network of social relations which constitute both the individual and the social body as objects of power/knowledge. As outlined in chapter one section four, power/knowledge is focused on the body. In biopolitical concerns the body, the subject of modern 'political technology', is constituted as a productive body and as a subjected body. In this sense, the term 'political technology' of the body refers not just to the science of the body's functioning, nor to the power dynamics of social institutions - though institutions have recourse to use or impose the methods of this new technology - instead, it refers to an overall effect of the dominant classes' strategic position which permeates all social relations. As an object of power the female body is produced and deciphered in the network of economic and gender power relations. Working against the notions of domination and oppression, this form of power is not an appropriation of the body (a 'capturing' of women's reproductivity and economic usefulness) but rather it invests the human body with a utility which subjugates it but also gives it meaning as an 'analysable', 'manageable' and 'useful' object of knowledge. In the example of the medicalising of the female body, the modern medical management of women's healthy reproductivity is important in the production of a healthy workforce and in the maintenance of gender roles. In this sense, power and knowledge directly imply one another. Knowledge presupposes and, at the same time, constitutes power relations. Power/knowledge are the processes and struggles that traverse the political technologies of the body defining the body's utility and determining the forms and possible domains of knowledge of the body. (Foucault,1985:175) Political technology 'invents' the body in the domain of power/knowledge. This 'invention' is of a new political anatomy which focuses on the body as a target of power adapted to the needs of modern society - the modern reproductive body which is at the centre of debates on sexuality, population management and medical technology.

In this description of power/knowledge, the body refers to two classifications. One is the individual body and the other is the social body. In maintaining the modern capitalist society with its complex organisation of individuals and the need to produce wealth, the individual body is constituted both as itself and as a part of the population, the population being defined as the generating force which needs to be managed and regulated by the state. In this argument biopolitics is the dominant mode of power which has developed since the 17th century which ensures the right of the social body to maintain and develop human life. (Foucault,1985:259) Individual and social reproduction therefore become crucial areas of life to be managed.

Reproduction becomes the focus in the adjustment of the population to economic pressures in biopolitical strategies concerned with health, progeny, race and future of the species : strategies which make the reproductive body the index of society's energy and biological vigour.

One way which ensured this organisation and ordering of the reproductive utility of the population and the individual was through the constitution of sex as the 'means of access both to the life of the body and the life of the species'. (Foucault,1976:139) In this development of modern power sexuality became the mark of individuality and the theme of political operations - such as ideological campaigns for raising the standard of morality and responsibility, government tactics such as public sanitation to ensure a healthy, fit and clean body. However, more pertinent to my thesis, is the deployment of sexuality in relation to women's reproductivity. In the late 19th century female reproductivity became a key issue in the need to ensure, sustain and multiply life. The 'hysterisation of woman' - the medicalising of the female body which 'saturated' the female body with sexuality- made women's role as 'the sex' and 'the mother' crucial. And in this biopolitical strategy the doctor, as the great adviser and expert in the observing, correcting and improving the social body, also took on importance. Doctors, in having access both to the body as an object of clinical knowledge, and in their capacity as medico - administrators of the social economy, were given a privileged point of observation and power. The knowledge /power which operated in the clinical domain focusing on the reproductive female body, was presented as the knowledge of the sheer fact of being alive, a knowledge which, through the operation of biopolitics, produced a form of power over people's bodies, health, life and death. It invested the female body as a utilisable, reproductive and docile body, a part of the species body which was the object and target of biopolitical strategies.

In my reading of the **Australian Medical Journal** as a tactic of biopolitical strategies in late 19th century Melbourne, I analyse how the female body is constituted as a reproductive body at both an individual and social level. The major views of the female body which emerge over this period are that 'woman as reproducer' is a scientific, natural and unchallengeable truth; that women's reproductivity is inherently disordered; that medical care is necessary throughout women's reproductive life; and that medical knowledge and practice is integral to women's social utility.

At the individual level the female body is medicalised as a reproductive mechanism. The understanding of the individual female body is built up through the medical knowledge of women's physiology centred on its reproductivity, the constitution of the female body as 'the other' in terms of how the female body is specifically female, and the notion of the female body as containing an inherent disorder. This knowledge of the female body, represented in the descriptions of medical practices in the journal's case notes, is based on the establishment of medical techniques which opened and explored the internal female reproductive organs. In these representations the female body is situated as centred around the uterus as the symbol of reproductivity, a symbolic property which became suffused throughout the female body as the

reproductive function became constituted as integral to the whole existence of woman. The female body became a site of symptoms continually affected by reproductivity, a site which the doctor, with his expert knowledge, could read.

In this medical gaze reproduction is indicated both by difference, woman as 'the other', needing specialist knowledge, and by disorder. Woman's body is determined by her genital apparatus and reproductive organs - for example the nervous system and women's sexuality as two sites of female difference are integrally connected to the workings of the reproductive function. Because woman's reproductivity is disordered, the whole female body is subject to disorder generally and more so at periodic intervals. This inherent disability is constituted as the penalty of childbearing, a disability which demands medical intervention in order to ensure the female body's utility in social reproduction. The dominant image is of woman as a vulnerable organism, liable to disorder inherently, and externally from infections and disorders, particularly during the activity of the reproductive function, or the years of maturity from twelve to forty five. The female body is medicalised in relation to the activity or absence of reproduction.

Integral to the constitution of the female body on this individual level is the perception of woman's role in the social body. Woman's physiology is situated as central to her social, political body and racial role. The link between the individual and social body is through the notion of woman's reproductivity as central to her sexual and social utility. It becomes a metaphor for the disorders of the social body and social evolutionary development. This reveals contradictions in the 19th century concept of the social body. How can evolution represent both progress and decay? What is it that lies so uneasily in theory but can be expressed as metaphor? How is it that the female body can express both nature and civilization? And how is women's reproductive potential so important and yet not a property controlled by individual women giving them social status, but rather a far more elusive social property which needs medical and governmental regulation? It also reveals contradictions in the medicalising of the female body. Why is it that the female body bears the weight of and helps to explain social decay and progress in a medical model? How can a 'natural' propagative function require medical regulation? And again, why is it that the female body becomes objectified from both these perspectives as the representation of disorder, of civilization and of evolution, as a physical entity which is quite removed from other political and social expressions of individuality? In this understanding, women's role in the social body is situated in the conceptualising of evolution, the history of the race, imperial superiority, laws of sexual constraint, Malthusian concern with the growth of the population and social degeneracy. Women's role in these concepts is as propagator of the race or as representative of the species. Sexuality, in this perception, becomes the law that guides and governs both individual and social existence. The civilised environment is seen as playing out its achievements and failings in the female body's reproductive capabilities. The degeneracy of civilisation, depicted as the moral failure to follow natural laws, is reflected in modern women's inability to reproduce without experiencing physical disorders and disease. The evolution of the modern race has

developed a desirable woman, at once perfect and highly specialised but ultimately inadequate. Either through pressure to perform duties other than maternity, or to follow fashions which conflict with woman's physiological structure, the late 19th century female body is defective, and therefore the social body is also failing to reproduce effectively. Just as the modern individual female body swings closer to disorder so has evolution produced a structured vulnerablity in the balance of the social body and race's economy which, with the failure of women to perform their maternal duty, has swung closer to disorder. The female body represents the species in that it indicates the level of the species' social progress and health.

In this medical gaze the female body carries with it a sexuality which determines the essence of woman's being and the health of the social body. Woman's physiology dictates her physiological duty and also her country's progress and health. Gynaecology and obstetrics, in this context, intervene in the functioning of women's reproductivity and sexuality in order to maintain the population's health, by ensuring that women can fulfil their national duty to procreate. Gynaecology and obstetrics are therefore important sources for the definition of women's sexuality and reproductivity. The notion of sexuality is not one of desire, but rather one of reproductive physiology which addresses itself to political difference between the sexes and not to female desire.

This refusal of female sexuality, despite the importance of the sexual act in the fulfilment of women's maternal duty, raises a central contradiction in the medical discourse relating to the female body, and also an important question about what Foucault meant by his claim that the female body was saturated by sexuality in the late 19th century medicalisation of the female body. I explore these issues by looking at whether the contradiction between the constitution of woman as a nonsexual reproductive woman and the social and medical concern about the decline of the birth rate was a necessary one in the justification for medical intervention in women's reproductive lives.

In chapter five I concluded my discussion of the norm and the disordered by suggesting that a close link was made between the notion of social reproduction, female reproductivity and sexuality in the definition of the normal form of the female body as constantly closer to disorder and therefore a potential subject of medical surveillance. This is a complex relationship which Foucault's analysis of power/knowledge and biopolitics helps explain. Medical practice and knowledge of the female body utilises the productivity of the female body by investing it with a reproductive potential. This reproductive potential defines the female body at both an individual and social level as primarily a reproductive body. The medical understanding of the female body is permeated by the medical gaze in the constitution of the female body as an object of modern power/knowledge. In this gaze reproduction defines women's utilitity as a modern female individual and as mother of the state. This ability is constituted not as an 'oppression' but as a way of viewing modern female individuality. Woman, as a reproductive body, is recognised as a useful member of the modern state. She is constituted both as a unique medical subject, with

unique potential to disorder, and simultaneously as part of the reproductive forces of the population, contributing to the growth of the social body. As a focus of biopolitics the female body is first made utilisable by the disciplining and regulation of her reproductive potential through the penetration and ordering of medical practices and knowledge and, secondly, it is constituted as the point of access to the regulation of the family unit and of the population's health and growth through the nurturing role of the mother and woman's evolutionary task in the continuation of the species.

In this explanation sexuality is understood as an important reproductive function. Doctors are established as having particular access to the female body, and, since the female body represents social reproduction, particular power/knowledge over life. This power/knowledge is perceived as unchallengeable precisely because the medical understanding of the female body is seen as crucial to an understanding of life. To challenge medical power/knowledge would be to endanger individual and species life. Within this operation of power/knowledge the female body's productivity and sexuality become constituted as social property which is accessed by medical knowledge. What is crucial in the utilising or investment in the female body's reproductivity is the statement, and then the denial, of the potential of woman's reproductive ability as a source of power. What I mean by this is not that women had a reproductive power that was stolen or repressed by doctors, but that there is a contradiction inherent in the constitution of female reproductive power which is precisely what made it utilisable by power/knowledge. The reproductive property of the female body is constituted as the source of the social body's reproductive power, but it is powerful only in the context of the social body and only through the monitoring of medical knowledge and practice. This means that the female subject is at once given both an individual role and a function in the modern state, through the notion of reproduction. As female she identifies as a reproductive being whose utility is for the good of the state. This is not a self empowering concept but rather a self identifying one which firmly fixes women's identity as a reproducing body of the species. The effect of medicalising the female body is to situate reproduction in relation to the medical equation of the normal and the disordered. Because in its very activity the reproductive body is closer to disorder and therefore needs medical attention, the apparent power of woman is defined as essentially needing medical regulation and surveillance both for the individual's health and for the social body's protection. This interplay of power/knowledge apparently gives woman a powerful identity - she is the natural reproducer of the race, the nurturer of the future generation, the source of nature, but simultaneously she can only realise this potential in a complex network of biopolitical strategies which effectively gives the control of woman's reproductivity to the medical profession. It is important to note that the medical gaze does not deny the importance of women's reproductivity in medical discourse, in fact women's ability to reproduce is lauded, it identifies her strength and usefulness, but it is precisely in this formulation of reproductivity that woman is constituted as the object and focus of power/knowledge, an identity which does not allow expression of other

ways of being. Woman is the key to social reproductive success only as the docile body of medical knowledge and, furthermore, this definition of reproduction in the modern state ensures that female individuality is identified so closely with reproductivity that it appears as an unchallengeable and natural fact, indeed the dominant expression of femininity.

This explanation of power/knowledge and the importance of reproduction begs some further questions about why it is that female reproductivity, rather than male reproductivity, is such an important focus of biopolitical concerns. Why is it that female sexuality and reproductivity demand special medical attention in the clinical and social domain? In the next section I explore how gynaecology and obstetrics constituted the female body as a medical subject needing specialist medical knowledge by looking at how the female body operated as a metaphor in late 19th century medical texts. This section explores meanings of the female body as a gendered subject in the field of power/knowledge. The discussion moves away from Foucault's explication of power/knowledge to take up the issue of gender I originally raised in chapter one, section five's discussion of feminist analyses of the representations of the female body.

6.3 Metaphor, Gender and Difference

In this section I unpack the meanings of woman in the medical gaze summarized in the last section by looking at the concept of the female body as a metaphor in medical discourse. This introduces the notion of gender to the discussion of power/knowledge, and opens out Foucault's analysis of the body to theories of representations.

My discussion looks at metaphor as a series of meanings which operate in medical discourse to naturalise social views. In focusing on metaphor as an organising principle of medical texts I am looking at the ability of medical discourse to map social views onto women's anatomy and then use this as a justification for the 'truth' of social views of woman. My discussion looks at the interplay between medical and social representations of woman to show how they are embedded in the cultural and historical perception of gender.

My major aim is to show how medical explanations of the female body are not isolated from other discourses - that the gendering of the female body in 19th century medical discourse produced and worked with particular meanings of woman. My methodological premise is that the female body operates as a signifier of woman in medical texts. The meanings of 'sign', 'signifier' and 'signified' I have borrowed from Barthes' analysis of language. (Barthes, 1974) In order to explain how language works as a code of meanings, a concept such as 'the female body' can be analysed as a 'sign' which indicates a series of meanings. The sign of the female body is made up of the signifier - the physiological female body, and the signfied - meanings of femaleness, the body. At a second level the female body operates as the signfied of the signifier woman. At this level meanings of woman are brought into the understanding of the concept of the female body and link the physiological entity 'the female body' to other cultural concepts. This schema allows us to analyse the female body not as an object of truth or fact but rather as a shifting concept

depending on the context and the meanings which are brought into focus. In exploring the relationship between sign and signified we can open out the apparently closed notion of the female body as a scientific fact of medical observation. Like Le Doeuff I am reading the concept of the female body as a physiological image which contains different philosophical and social meanings of woman. The medicalisation of the female body is a point of reference for the concept of woman, and as I have argued in the previous section, for general strategies in the clinical and biopolitical domains.

At a general level I disrupt some of the assumptions made about the relationship between women's political and social existence and the medical understanding of woman. I examine how the female physiological space is a realising of philosophical and prejudicial views of woman by looking at the female body in relation to femininity and individuality. My concern is to suggest that the notion of individuality for the female subject produces a different set of meanings than for the male subject. Unlike the male subject whose individuality is founded on a notion of individual rights, the female subject is categorised as having a general individuality based on her physiology, a categorisation which collapses women's individual rights to 'natural' reproductive social duties. Though the physiological concept of the female body appears as a 'natural fact', removed from the political and social domain, it holds important political implications. The utilising of the physical properties of woman in social discourses means that the female body has significance beyond physiological difference. As indicated in section two, this signficance is an important theoretical focus for an analysis of the body in the play of power/knowledge. In order to analyse this importance it is crucial that the gendered body rather than just 'the body' be the object of analysis. In seeing the female body as a signifier of femaleness and social and political meanings of woman, ie introducing gender as a necessary conceptual tool, we are able to see how the effects of power/knowledge are invested differently in the female and male body. My criticism of Foucault's analysis of the body is that it does not adequately take gender into account, a failure which neglects the different meanings of physicality and individuality for the female and for the male subject.

In pointing to the absence of gender in Foucault's work I do not intend to use gender as a conceptual category of universal significance. There is a danger in once having recognised the actual importance of sexual difference to then theorise 'woman' as a universal category, ie the feminine 'other', an eternal concept which is transhistorical and transcultural. As Le Doeuff and Brown and Adams point out, we tend to operate with the idea of woman as a universal. Particularly in the analysis of the medical view of the female body it is important to break down the notion of a universal 'female body' where women's individuality is conceptually reduced to her biological existence. As Le Doeuff (1981) argues (see chapter one, section five) this amassing together of women as a political and social category based on their physiology is a political development which has been naturalised in modern medical and social discourses. In feminist criticism it is important to challenge this gaze upon the female body by historicising the notion of

women. The male subject is not defined by a universal physiology but rather retains its individuality based on political, economic, cultural and social difference. Women, on the contrary, become one subject defined by their physical difference from man - a universalising which continues the objectification and alienation of the modern female subject. It is therefore important to reclaim the individuality of the modern female subject by analysing biological, scientific and medical meanings of the female body as just one set of meanings of woman, and to challenge the way in which these discourses universalise the female subject in their production of the natural 'gaze' upon the female body. My aim is to disrupt this universalising by looking at the specificity of the female body in late 19th century medical texts as a set of meanings of woman which seek to universalise women's reproductivity as the true social definition of women.

Another universal concept which feminist theory seeks to work against is the natural body. Feminist theory works against the notion of the natural as a special conceptual category in relation to woman. In this context the 'natural' refers to the 'real', 'observable' world to which medicine has direct access. This privileging of the natural or the scientific, 'real' world gives a dominance to the medical understanding of woman over other discourses such as the legal, the political and the religious. Given that woman is defined by the difference situated in her physiology this constitutes medicine as a powerful discourse in relation to the female body. My suggestion here is that the medical has no more access to the truth of the female body than other discourses, the natural body is just as much part of cultural and social perceptions as other meanings of woman. This is an important conceptual point on which I have based my reading of medical texts. What I wish to discuss in this chapter is how the particular form of the 'natural' view of the female body was built up in late 19th century medical discourse. I do this in order to show how the 19th century view of the female body differed from earlier historical medical views and how in this perception of the female body medicine built up a 'natural' and 'unchallengeable' truth of the empirical, scientific understanding of woman.

In the following discussion then, I am answering some of the questions raised in chapter one. In focusing on gender as one of the central organising features of the notion of the body I am looking, in a theoretical context, at how sexual prejudice operated in a predominantly male science. I disrupt the notion of the eternal feminine, the natural, woman as 'the other' within the clinical domain in order to look at how medical discourse naturalised social and political understandings of woman.

I explore these issues in three areas. First I outline different 19th century discourses on the social body in order to situate the different metaphors of the female body found in medical texts. In this discussion I situate the medical meaning of the female body in the social and cultural ideological framework of the late 19th century. Secondly, I discuss the representations of woman which have emerged in my reading of the **Australian Medical Journal.** And thirdly, I look at how the notion of the gendered body produced a justification for separate medical specialisms of the female body.

In chapter two I suggested that in the late 19th century intellectual debates about the evolution of the race, the general quest for national efficiency, feminist campaigns and debates on women's health and social purity and the growing concern with the health and growth of the population were important practices which produced meanings of woman. In these debates women's role was constituted as wife and mother, the nurturer of her family's hygiene and health and the social agent most able to provide 'naturally' for the efficient management of the healthy population. Women were seen as having a natural position or influence on the good of the race - their reproductive function giving them a particular role in the determination of individual and social health. To quote from one of the medical texts, woman's 'grand function' in the 'national economy' was reproducing the species. (Rothwell Adam,1896 :51)

There are three major themes operating in these theories of social evolution and racial progress. One is that the process of evolution produced a dichotomy between nature and civilisation so that society was locked into a continual struggle between civilised progress and natural laws. Secondly, this struggle was perceived as a form of social ill health in a rapidly expanding colonial world. This perception had developed by the end of the century into a notion of race suicide which was measured both in terms of individual health and the growth of the birth rate. Thirdly, society was envisaged as a 'body' so that the physical structure of the individual body was linked metaphorically to the social body. The body, then, was a metaphor of individual and social health which carried within it the seeds of progress and the seeds of degeneration. The dominant image of society was of a chronically and increasingly ill organism.

In these 19th century social discourses woman is situated as a powerful metaphor which produces a complex set of meanings about femininity in relation to both individuality and the social body. Focusing on the medical gaze which is informed by, and informed, 19th century social and cultural views of woman and the population, we can discern a series of meanings signified by the concept of woman. Before moving onto a discussion of the metaphors of the female body operating in the medical texts, I first list the series of meanings of the female body as metaphor in order to provide a reference point for the ensuing discussion. The general meanings signfied by the concept of the modern female body are: woman as the other; woman as the desired; woman as the same; woman as difference; woman as the gendered; and woman as the natural. The meanings of the female body which were more unique to the 19th century are : woman as mother; woman as moral; ~~woman as passive;~~ woman as species being; woman as social body; woman as 'the sex'; woman as reproductive economy; and woman as passive.

In the following discussion I look at how these metaphors of woman are contained within representations of the female body in medical discourse. The major themes signifying femaleness in the 19th century were that women's sexuality and identity resided in the uterus, and that reproductivity was the meaning, essence and health of woman, and constituted the physiological, anthropological and social difference between men and women. I divide the following discussion of 19th century medical representations into three areas. The first is the representation of the

internal workings of the female body - the female body space as a reproductive mechanism. The second area is the representation of the individual body - the female medical subject as a reproductive body. And the third is the female body's reproducing capability as an important function in the growth, care and maintenance of the race - the female body as the representation of the social body.

The major representation of the internal physical space is of a mechanism constituted by an unsteady equilibrium which the activity of the reproductive function throws into disorder. The internal workings of the body are a series of fluxes and flows which are carefully balanced in a mechanistic function, with all parts of the body affecting the other. The reproductive function is seen as playing a central role in the female body so that any disequilibrium is associated with the reproductive function. The major metaphors of the reproductive function are those of softness, congestion, blood and decay. The female body is balanced around the uterus, built up as a set of passages for sperm to enter and blood to depart. It is a reproductive mechanism which contains an essential disorder: the uterus is depicted as a ground of bacterial infection and described as a storehouse of infectious germs. Pregnancy and menstruation are depicted as always liable to disorder, disturbing the other systems in the body. Reproduction is a complex set of cyclical performances, performances which determine the woman's health and physical life. At this level the female body space is represented as a reproductive vessel, the container of the uterus and ultimately the child. This space is permeated by a general vulnerability - for example the female nervous system is described as a delicate, sensitive, vulnerable area of the body because of its association with the imbalance produced by the reproductive system.

What are brought to the description of the workings of the body as a utilisable, reproductive mechanism are the metaphors of femaleness. These metaphors introduce into the internal physical space the meanings of woman as reproducer, woman as disorder and woman as passive. The female body is constituted as a reproductive economy which contains within it the essential disorder and passivity associated with femaleness.

These understandings of woman as reproducer and woman as disorder further inform the representation of the individual female body as a medical subject. At this level reproductivity indicates a general level of illhealth in women. Women are seen as both defined by and continually weakened by the event of reproductivity. The female body suffers as a menstruating body and as a pregnant body. Obversely it also becomes ill if woman does not fulfil her reproductive potential in failing to menstruate or to become pregnant. The reproductive periodicity to which women are continually subject also signals a closeness to nature and a complexity which marks the female body as different and more liable to disorder. Women are therefore presented as suffering more from diseases such as cancer, a general invalidism and displacement of the internal organs. The female body is read as the visible sign of woman's difference, otherness and abnormality in being 'not male'.

Integral to these descriptions of the female body as an individual medical subject is the notion of sexuality. Woman's desire is equated with maternity as the 'natural outlet of her energy and affection'. Woman's 'generative' organs are not defined as the seat of women's sensual pleasures but as the site of sexual difference, the 'hallowed receptacle of intercourse'. Woman's sexuality is represented by the maturity of the reproductive organs so that utility, rather than female pleasure is emphasised. This is a passive utility - the female body is part of the passive natural order which instinctively seeks to reproduce. On an individual level, according to this medical view, women seek sexual activity not for sensual pleasure but in order to maintain health. As the representation of instinctive propagation the female body is depicted as the essence of sexuality, the prototype sexual organism. Woman's reproductivity brings her closer to the essential workings of nature so that the female body becomes the desired in the functioning of human sexuality. In these medical texts sexuality as a reproductive ability is separated out from sexual desire and needs. The representation of the individual female body's sexuality is a gendered concept through the signification of woman as the reproductive, docile and maternal body. As the representation of 'the mother', she is also 'the sex' and desired for her reproductive utility.

In terms of male fears of woman as 'the other' this concept of the natural maternal body is important. Women's sexuality is made passive, though it remains the defining point of woman as 'all the same', and therefore not individually threatening. 'Woman as womb' does not signify the sexual mother but women's reproductive role in nature - a nature which has been scientifically understood ('conquered'). Women's potential strength is rendered a socially useful reproductive function that is able to be medically managed and therefore brought into the sphere of male understanding.[1] The sexual activity of social reproductivity is also the point at which the social body can be managed. The richest area of metaphor in these medical texts is the representation of the female body as the social body. At this level, the sexual instinct defines both women's physical structure and women's social duty, and the female body is represented as the base of the generative social progress. The reproductive female body is a powerful sign of human progress and order. Obversely, it also represents the disordering properties of civilised existence and the dangers of race suicide. Women's body pays 'nature's price' for the degenerating activity of civilised living. In this sense woman is a metaphor for evolutionary progress - of the progress of civilisation - but also of the strain which works against women's reproductive existence. The female body carries within it the key to social stability, the potential of the natural instinct and the representation of the laws of nature which civilisation is failing to obey. In this series of representations the female body signifies society on a mythic level - social propagation, nature, fecundity, and creativity. The female body represents the essential feminine - conceptualised as fundamentally closer to nature - with a history which can be traced in biblical, classical,

---

[1] Within this understanding of reproduction is the concept of the repressed sexual woman and oppressed reproductive power - both notions which radical feminism has taken up since the late 1960s as the key areas where 'true' femaleness can be reclaimed. The point is that these theories, though they advocate positive roles for women, work within the same framework as medical discourse, essentially an objectification of women based on sexual difference.

evolutionary and legal illusions. These social myths constitute the female body as part of the eternal feminine, the other and the natural moral order.

In this perception the notion of woman is generalised to the point that the individuality of all women is 'the same'. Women are defined by their shared physical ability to reproduce, an ability which is represented as a social property - ie the propagation of the race. The understanding of female reproductivity reduces woman to her most basic physical difference from man which is then constituted as her whole being, linking all women together as a category which represents a closeness to nature, an inherent disorder and a social utility which is best understood in the medical domain.

From this discussion of the representations of the female body we can see how the notion of gender is an important one in an understanding of the medical gaze. Gynaecology and obstetrics could conceptually justify the need for a special medical discourse on the female reproductive organs through the constitution of reproduction as the representation of the essence of woman. As my discussion of the representations of the female body in medical discourse indicates, 'reproduction' is a complex series of meanings which appear to be naturalised in the physiology of the female body and woman's 'natural role' as reproducer of the race. 'Woman', as the signified of the signifier 'the female body', brings to the gendered body the notion of femaleness as 'the other'. This carries with it an understanding of disorder and difference. Woman's physiology is therefore seen as more complicated, with more social significance than the male body. This disorder, difference, complexity and social signficance, resides in the reproductive organs, in particular the uterus, as the obvious point of physiological difference. Reproduction therefore bears the symbolic weight of 19th century meanings of woman as both the identity of the individual woman and the representation of the social body. In the medical gaze these meanings are naturalised as a disordered physiology. To be a healthy female, to have a uterus, to bleed, to reproduce, is simultaneously to signify disorder, closeness to nature, maternity and the growth of the species. The female body is constituted as an inherently disordered reproductive source utilisable for the good of the social body when properly managed and understood by the medical profession.

6.4 Medicine, discourse and meanings of women

My discussion of late 19th century Melbourne medical texts brings together theories of gender, representations and biopolitics to explore the relationship between power/knowledge in the constitution of the female body. In bringing together these theoretical perspectives I explain how medicine is important in modern meanings of woman by showing how the female body is not an established 'fact' or 'truth' which medical science can 'objectively' explain through empirical observation. Rather I show how the constitution of the female body as an object of medical knowledge is a product of a complex set of power relations which have historically specific cultural and social meanings. The medical texts on which I base my analysis are part of these

power relations as products of medical practices which constitute the female body as a utilisable object of the modern state. This way of seeing the female body is not isolated in the clinical domain but informs and is informed by other social relations. At this theoretical juncture the concepts of gender and representations of meaning are important in explaining how meanings of woman relate to the medical description of the female body. The texts in this context hold a series of meanings of the female body which can be read as representations of woman. The texts are codes of meaning or language which give access to 19th century social relations. As a series of documents written by medical men, the **Australian Medical Journal** represents the dominant clinical and social discourses relating to women's reproductive physiology, which, I argue, in the late 19th century is constituted as the essence of woman.

This methodological approach to a history of the concept of the female body places my work as a contribution to a number of theoretical debates. The first is a feminist concern with representations of women in history. This is an approach to history which places gender as the central organising principle of social relations. Images of women are seen as important concepts to be analysed and explained in the history of social relations. The second is the use of Foucault's methodology to explain the relationship between power/knowledge. My work is, in part, an experimental use of Foucault's approach to history in an analysis of gender power relations. The third interest is in medicine as a powerful discourse in modern society, particularly in relation to women. My feminist and Foucauldian approaches to history come out of my interest in medicine as a set of ideas and practices which have a dominant influence in modern society and in women's identity. My concern is to look at how medicine has such a dominant place in women's lives and in the management of social processes. The historical formation of gynaecology and obstetrics was one place to study the influence of medicine in women's lives, and examine the mechanisms which established the dominance of scientific professional medical practice over other ways of explaining the health and disorder of the body.

Another area of concern is in the writing of history. Although I am looking at historical documents I am reading them with an approach which is closer to literary analysis or social philosophy than empirical history. By focusing on the history of a concept, accessible through the language of texts and the representations of woman, I disrupt historical discourse which is based on the study of 'facts' and 'origins' of historical 'phenomena'. This is not because I think this approach to history writing does not have an important place in academic study but because the question and issues which concern me cannot be answered in that conceptual framework.[2]

As my methodological approach makes clear, I am not replacing empirical history with a straightforward set of theories which can be neatly presented as the 'new feminist' approach to

---

[2] My focus has been on the meanings of reproduction in the writing and recorded practices of gynaecological and obstetrical discourse. Other histories could be written about the resistance to this medical concept by exploring how the struggles around the female body were played out in other biopolitical strategies - the setting up of a second women's hospital by women doctors in 1896 for example, or the activity of women in political and social reform groups. These histories of gender and power relations in late 19th century Melbourne would further disrupt the medical meaning of the reproductive female body.

history. There would have to be an immediate qualification to such an attempt. As something of a qualification this concluding section outlines how I use and diverge from the theoretical approaches which I see as important in a feminist critique of history. Foucault's work on the body as a focus of modern power/knowledge and his critique of the clinical domain have been crucial to my analysis of the importance of the female body in social relations. His analysis works against the idea of the body as an objectively observable and analysable fact outside of political and social relations and instead constitutes it as a political focus of the modern state and point of identity for the modern individual. The emphasis on the body as a utilisable object of power/knowledge allows us to explain why it is that medicine, as the science of the body, becomes a powerful set of practices and ideas in modern social relations. Foucault's theory of biopolitics links clinical practices with other social concerns with the body and also shows how the individual is an important target of social discourses. In this schema the concept of sexuality refers to more than just reproductive physiology. It is the reproduction of life, of the population, so that it also becomes an important target of modern power. Foucault's study looks at sexuality as the key to the maintenance of the individual body and social body by looking at how the deployment of sexuality invests utility in the modern body so that strategies around sexuality are major tactics of modern power. My work builds on his brief references to the female body as an important target of the medicalising of the population. In my analysis I look at the reproductive female body as a complex set of meanings which had wide social and political significance. My argument is that in introducing the notion of the gendered female body into an analysis of modern power/knowledge the importance of the reproductive function is actually greater than Foucault's analysis of the deployment of sexuality suggests.

Taking another methodological concept of Foucault's, surface readings, in my analysis of medical texts I look at how the explicit denial of woman's sexuality in the description of reproduction is important in the constitution of woman's modern individuality and in the utilising of the female body for social reproduction. The medical gaze separates out sexuality from reproduction in such a way as to constitute women's sexuality as a potential power which cannot find sexual expression precisely because woman is 'not male'. 'True' sexuality is denied and yet invested in this body as the source of feminine identity because of this denial. In this discourse women's sexuality is constituted as reproduction. It defines the modern female body's true sexual expression as safely within the clinical domain, because as women's reproductivity is defined as her physiology, medicine, as the science of women's physical space, manages women's potential sexuality and utilises it for social reproduction. In this argument the saturation of the female body with sexuality is actually the positing of woman as a reproductive being in order to utilise the female body's potential. As woman is defined by her physiology, this strategy effectively enmeshes the female body in a network of power which renders a docile reproductive body best interpreted by the clinical domain. Notions of woman as the other, as the sex, as reproductive, are naturalised in the medical gaze which at once defines woman's power and identity as reproductive

and simultaneously desires this power in order to maintain the reproduction of the social body.

Moving on from the historical constitution of the 19th century reproductive female body, in conclusion, I would suggest that this way of viewing the medicalised female body still operates in 20th century medical discourses. This brings my work back to the questions raised in the 'woman orientated' approach discussed in chapter one. My argument is that doctors did not deliberately set out to oppress women by 'capturing the womb' with scientific technology or applying sexist and derogatory views of women to medical opinion and practice. Rather, the concept of the female body which is produced by gynaecological and obstetrical practice, is an important strategy of biopolitical concerns articulated in the medical practice and knowledge of the reproduction of woman. I would argue that it is counter productive to feminist aims to see the liberation of women's reproductive potential as the means of reinstating female power. Reproduction appears to hold the key to women's individual freedom precisely because of the medicalising process which has naturalised the social and political meanings of woman in her physiology. To argue for the liberation of women's reproductive potential as the essential political and sexual freedom of woman is to adopt the same medical and social framework which feminism must challenge.

Taking up feminist theory on gender and representations we can more effectively challenge medical knowledge/power by disrupting the apparently natural or closed concept of the female body. By showing how the reproductive body is not a natural fact or the essential representation of femaleness, but rather a historically and culturally specific concept which enmeshes women in a series of contradictions and social relations, we can open out the concept of the female body to other interpretations. This does not mean that we replace medical interpretations of the female body by liberationist ones - positive assertions about women's reproductivity rather than repressive ones - or perhaps create a new feminist language based on the experiences of living within a female body , the '(m)other speaks'. As a Foucauldian analysis of power suggests, knowledge is produced in practices. Therefore, in relation to power/knowledge of the female body types of medical and social practices need to evolve in order to produce different identities for women which cannot reduce the complexities of gender relations and women's individuality to reproduction as the essence of female expression in modern society. And, to carry this thought further on a political level, in medical and social discourses we continually objectify the female body as something to be observed, captured, rescued, analyzed, quite alien from women's other experiences and needs. The point is that the female body should not be the object of social and medical thought, knowledge and practice, the subject of special concern, controlled and regulated as social property. Instead, woman's physical entity, as a reproductive body, should be seen as just one expression of woman's individuality, one which is integrated into, rather than defining, other social and political activities. What my analysis of 19th century medical discourse suggests is that the female body, like any other concept, has a history and place in social relations which can be challenged and reread by a feminist critique which refuses to accept the present given

meanings of gender power relations.

Appendix

This appendix has two sections. The first documents the Royal Commissions and other official publications I have researched in my survey of biopolitical concerns in late 19th century Melbourne. The second lists the medical journals from which I have selected the medical texts for analysis.

1. Official Publications

Commonwealth, New South Wales and Victorian Parliamentary Papers.

Abbreviations

A.Pp - Australian Pariamentary Papers

NSW Pp - New South Wales Parliamentary Papers

RC - Royal Commission

V Pp - Victorian Parliamentary Papers

RC to enquire into the condition and management of the charitable institutions of the Colony, and generally into all matters Report together with minutes of evidence and appendices. **VPp** 1870, no. 22. (v. 2); 1871, no. 30, (v. 3).

RC on Noxious Trades, etc. Report with minutes of evidence. **VPp** 1871, no. 1 (v.2).

RC on industrial and reformatory schools and the sanatory station. Reports with appendices and minutes of evidence. **VPp** 1872, no. 9, (v.3) and 1874, no. 44 (v. 3).

Board appointed to enquire into matters relating to the Kew Lunatic Asylum. Report together with minutes of evidence and appendices. **VPp** 1876, no. 56 (v.3).

Report on the state of public educatation in Victoria and suggestions as to the best means of improving it. **VPp** 1877/78, no. 105 (v. 3).

RC on employees in shops. Reports and minutes of evidence. **VPp** 1882/3, no. 43 (v.3); 1883 no. 16 and 16x (v. 2); 1884 nos. 18, 29 and 39 (v. 2).

RC on education. Reports together with the minutes of evidence. **VPp** 1882/83, no. 16 (v.2); 1883, no. 19 (v. 2); 1884, no. 47 and 47x (v.3).

RC on asylums for the Insane and inebriate. Reports with minutes of evidence and appendices. **VPp** 1884, no. 64 (v. 4); 1885, no. 9 (v.2.) ; 1886, no. 15 (v. 2) ; 1887, no. 56 (v. 2).

RC to enquire into ... the sanitary conditions of Melbourne. Reports with appendices minutes of evidence, etc. **VPp** 1889, no. 29 (v. 2); no.103 (v. 3); 1890, no. 7, (v. 2).

Board appointed to inquire and report as to the workings of the 'Factories and Shops Act 1890' with regard to the alleged existence of the practice known as 'sweating' and the alleged insanitary condition of factories and work rooms. Reports with minutes and appendices. **VPp** 1893, no. 47 (v. 2); 1894, no. 12 (v. 1) ;1895/6, no. 44 (v.3).

RC on Charitable Instituions. Reports with minutes of evidence. **VPp** 1890, no. 203 (v. 4); 1891, no. 210 (v. 6); 1892, no. 60 (v. 4), 1895/6, no. 48 (v. 3).

RC on the Operation of the factories and shops law of Victoria. Reports with minutes of evidence and appendices. **VPp** 1901, no. 35 (v.3); 1902/03 no. 30 ,31 (v. 2).

RC On the Decline of the Birth-Rate and on the mortality of infants in New South Wales, vol. I. Report together with statistical evidence etc. **NSW Pp** 1904.

RC On the Decline of the Birth-Rate and on the mortality of infants in New South Wales, vol. II. (not published with papers). **NSWPp** 1904, (v. 4) .

RC on Secret Drugs, cures and food. Report. **APp** 1907/8 (v. 4); 1907/8 (v. 2).

2. Australian Medical Journals

Australian Medical Gazette, 1880-1900.

Australian Medical Journal,1870-95.

Intercolonial Medical Congresses of Australasia, Adelaide, Vardon and Pritchard, 1888. Adelaide 1887.

Intercolonial Medical Congresses of Australasia, Brisbane, Wilson, Ferguson and Co., 1899. Brisbane 1899.

Intercolonial Medical Congresses of Australasia, Dunedin, The Otago Daily Times and Witness Newspaper Co.Ltd., 1897. Dunedin 1896.

Intercolonial Medical Congresses of Australasia, Melbourne, Stillwell and Co., 1889. Melbourne 1889.

Intercolonial Medical Congresses of Australasia, Sydney, Charles Potter, 1893. Sydney 1892.

Intercolonial Medical Journal of Australasia, 1896 -1910.

Medical Glossary of Terms

Abdominal surgery : surgery on the belly which lies between the thorax and pelvis bounded by abdominal muscles, iliac bones, separated by thoracic cavity

Abortion : termination of pregnancy with expulsion of products of conception before foetus has reached viability - taken to be 28 weeks

Active Treatment : surgical or medical intervention - the opposite of conservative treatment which lets the disease take its course

Amenorrhoea : failure of menstruation

Anatomy : gross structure of the human body and its variations - structure of the body as seen by the naked eye

Antisepsis : the prevention of infection by destroying or inhibiting the growth of pathogenic (disease producing) micro organisms

Bacteriology : study of micro organisms which are not viruses, fungi or protozoa

Bladder : distensible and contractile muscular bag situated in the anterior part of the pelvic cavity

Caesarian : delivery of a foetus by transabdominal and transuterine surgical incision - the first caesarians were incisions through the abdominal and uterine walls with the placenta and membrane pulled out by hand - the 'porro caesarian', introduced in 1876, removed the upper part of the uterus after delivery and sutured the lower stump into the abominal wall preventing the danger of infection and peritonitis

Catamenia : menstruation

Cauterization : burning or searing of tissue by application of heated metal instrument or caustic substance

Cervix uteri : the neck of the womb or uterus, the narrow terminal portion which projects into the uterus approx. 1" long

Chlorosis : a term used to describe a green complexion said to have been characteristic of iron deficiency anaemia in young women during the 19th century

Chloroform : a sweetish clear volatile liquid widely used as an inhalational anaesthetic

Chorea : condition characterized by involuntary repetitive jerky movements affecting all parts of the body

Circulatory system : entire system within which blood circulates - heart and blood vessels

Climacteric : describes any critical period of human life associated with body changes - especially applied to menopause

Clitoris : small erectile protusion situated at the front part of the vulva , plays an important part in the sexual arousal of women

Coitus : sexual intercourse

Conception : fertilization of ovum by a spermatozoon and the implantation of a zygote

Consumptive : 19th century term for pulmonary tuberculosis

Colon : part of the intestine which extends between the caecum and rectum

Craniotomy : crushing of skull to allow extraction of foetus

Curette : a spoon or scoop shaped surgical instrument used to scrape material from the wall of the uterine cavity

Defluxion : discharge of fluid matter in the body

Diagnosis : process of identifying disease or circumstances responsible for patient's complaints

Digital examination : examination with fingers

Dilation : widening or expanding of muscles by mechanical means

Douche : a jet of water directed internally in the body

Douglas's space (pouch) : fold of the peritoneum which dips down between the rectum and uterus

Drainage : procedure for allowing the escape of fluid, pus, secretions or effusions from a wound or body cavity

Dysfunction : an impairment of function of a part, organ, tissue or system

Embryo : a developing organism 2-8 weeks after conception

Endometrium : mucous membrane lining the cavity of the uterus the thickness and vascularity of which varies with the phase of the menstrual cycle - it is partially shed at menstruation together with some blood

Enema : a liquid injected into the rectum for cleansing, healing, sedative, diagnostic or nutritive purposes

Enucleation of a tumour : the extraction of a tumour

Epilepsy : a periodic disorder characterised by outbursts of excessive activity in part of the brain

Ether : anaesthetic agent - inflammable with an irritant effect on the respiratory tract

Etiology : science of cause of disease

Fallopian tubes : uterine tubes , paired slender hollow structure which leads from the region of each ovary to the upper part of the cavity of the uterus and acts as a conduit for shed ova

Fissure : groove or cleft, particularly in the anal region

Flux : an excessive flow or discharge of material

Forceps : a variety of instruments designed to engage the head of the foetus during childbirth to assist its extraction

Fundus : upper end of the uterus, the part furthest away from the opening

Galvanism : named after Luigi Galvani, an Italian physician (1737 -98) - the therapeutic application of electricity in the form of a direct current

Generative organs : reproductive organs

Gestation : development of fertilized ovum during the period between conception and birth

Gland : any specialised structure which elaborates and secretes chemical substances the action or function of which takes place elsewhere in than the gland itself

Haemorrhage : escape of blood from the cardio vascular system - post partum haemorrhage is the excessive bleeding from the uterus following childbirth and the separation of the placenta from the uterine wall

Histiology : study of tissues

Homeopathy : system of medicine founded by Samuel Hahnemann (1755-1843) based on the doctrine that diseases can be cured by administering minute doses of drugs which in large amounts cause the symptoms of the particular disease being treated

Hyperaemia : an increase in the blood flow through an organ, part or area

Hyperaesthesia : excessive sensitivity of sensory receptors of an organ, tissue or part, to stimuli

Hypertrophy : an increase in size of an organ, tissue or part as a result of increased size in the component cells

Hysterectomy : surgical removal of the uterus

Irritability : ability to respond to stimuli perceived by excitable tissue , nerves or muscles

Labia : lips - lesser and greater pudendal lips of female external genitilia

Labour : process of childbirth or parturition where mother expels foetus via birth canal to outside world

Laceration : wound caused by tearing of a tissue

Lactation : milk secretion and ejaculation by breast during pregnancy - menstruation follows six weeks after cessation

Laparotomy : a surgical incision into the abdominal cavity - often the operation is of an exploratory nature

Leeching : applying leeches to parts of the body to produce blood loss

Lesion : injury or wound

Ligaments : binding or connecting anatomical structure

Listerism : antiseptic surgery

Local treatment : regional treatment

Lochia : vaginal discharge normally present 3-5 weeks after childbirth

Mamma : breasts - specialised milk producing glands

Mania : mental disturbance characterized by mood elation

Masturbation : production of orgasm by genital stimulation

Meatus : passage of canal

Melancholia : state of mental dejection , misery or depression

Menarche : first appearance of menstruation

Menopause : physical cessation of menstruation and ovulation

Menorrhagia : excessive or prolonged loss of blood with menstruation

Menstruation : periodic physiological discharge of blood and mucous membrane from the uterus approximately every four weeks

Monthly courses : menstrual periods

Mucous membrane : any epithetal lining of the body containing mucous secreting glands

Neuralgia : pain originating in a nerve

Neurasthenia : a term introduced by G.M. Beard in 1867 to describe a condition due to the exhaustion of the nerve cells, the major manifestation of which was fatigue and weakness

Neurosis : exaggeration of normal reaction to events and situation such as fear

Nymphomania : intense sexual excitement in the female indiscriminantly directed at any male and unrelieved by orgasm

Occlusion : closure , obstruction or blocking off of an opening, passage or cavity

Occipital lobe : hindmost part of the cerebal hemisphere the cortex of which contains the primary receptive area for the sense of vision

Ovaralgia : pain in the ovaries

Ovaries : female gonads - paired organs situated at each side of the uterus below opening of the fallopian tube

Ovariotomy (oopherectomy) : surgical incision of the ovary usually to remove a tumour or cyst

Ovulation : extrusion of egg/ovum from graafian follicle on to the surface of the ovary it then passes via fallopian tube to the uterus on about the 15th day of the menstrual cycle

Parturition : process of childbirth

Pathology : branch of biological sciences concerned with the nature of disease and its causes and the effects of those diseases on the structures and function of body organs and tissues

Pelvis : lower part of the body - region bounded by the two hip bones and sacral part of the spine

Peritoneum : serous membrane of the abdomen lining abdominal the layers of the walls are mobile and the space between them is called the peritoneal cavity

Pessary : vaginal suppository of a mechanical device inserted into the vagina to provide tissue support

Physiology : study of the functions of the human body

Placenta : serves as an organ of respiration, nutrition and excretion - unites foetus to maternal uterus and is extruded after the birth of the child

Placenta praevia : if the placental is situated in lower part of uterus bleeding of some kind occurs and can lead to haemorrhage when placenta prematurely separates from uterine wall

Plastic sugery : the correction of acquired deformities in order to improve function and appearance

Pluripara : woman who has had more than one pregnancy

Pregnancy : condition of being with child - having within the body a fertilized ovum, a development of embryo or a growing foetus

Prepuce : foreskin covering glans penis

Probe : surgical instrument used primarily for exploratory purposes

Prodromata : premonitory symptoms of signs heralding onset of some disease

Prolapse : falling or slipping down of an organ - not uncommon in multi parous women in whom the uterine cervix descends on or beyond the vaginal orifice

Puberty : on set of reproductive period of life marked in girls by the menarche and developing secondary sexual characteristics

Pudenda : the external genitilia of females

Puerperal fever : fever following childbirth due to streptoccal infection of the birth canal and surrounding tissues leading to septicaemia

Puerperal mania : mental disturbance during and after childbirth

Puerperal sepsis : after childbirth women are prone to infection due to the raw bleeding surface left by the placenta and laceration of the genital tract

Puerperium : period following childbirth which lasts until maternal pelvic organs and tissues have returned to their normal conditions

Quickening : foetal movements , usually felt in the fifth month of pregnancy

Rectum : terminal portion of large intestine connecting pelvic colon to anus

Reproductive organs : uterus , ovaries , fallopian tubes

Retroversion : backward displacement or rotation of an organ , usually upper part of uterus

Rigours : sensation of shivering experienced when body temperature rises suddenly

Sacrum : one of three pelvic bones which forms the back wall of the pelvis

Sensory nerves : part of the nervous system, both peripheral and central, concerned with reception of sensory stimuli

Septic troubles : infection of blood or other tissues caused by pathogenic bacteria

Sexual orgasm : culmination of climax - intensely pleasurable sensation

Sound : a slender probe designed for the introduction into the cervix uteri for purposes of exploration and dilation

Speculum : instrument designed to assist in the examination of body cavities and passages

Spermatozoon : male gamete - the essential generative component of semen

Subcutaneous fat : fat under the skin

Symphysiotomy : enlargement of pelvis by cutting through the joint holding the pubic bones together and careful separation of the thighs to open up the pelvic cavity to allow the child's head to be delivered

Testes : male reproductive organs or gonads which produce spermatozoon

Thoracic muscles : muscles enclosing a rib cage

Turgescence : swelling - the initial growth of a tumour

Ulceration : the formation of an ulcer breach or discontinuity in skin or mucous membrane

Uterine cavity : the hollow space within the uterus

Uterine misplacement : see retroversion

Uterus : elongated muscular organ 8cm long lying in the pelvis behind the urinary bladder - connects with the fallopian tubes and a long narrow section protrudes and connects with the vagina - in pregnancy the size of the uterus increases thirty times

Vagina : sheath like passage between the vulva and cervix uteri

Vaginisimus : painful spasm around the vagina making sexual intercourse difficult or painful

Vascular : term describing the arteries or veins

Venereal disease : sexually transmitted disease

Vulva : region of external female genitalia bounded by the mons veneris, two folds of skin and subcutaneous fat known as the labia majoria (greater pudendal lips) and enclosing labia minora (lesser pudendal lips) , vaginal and urethal orifices and clitoris

Bibliography

Abbreviations

AHS - **Australian Health Society**

AMG - **Australian Medical Gazette**

AMJ - **Australian Medical Journal**

IMJA - **Intercolonial Medical Journal of Australia**

MJA - **Medical Journal of Australia**

IMC - **Intercolonial Medical Congress Transactions**

Ackermann, J. (1913) **Australia from a Woman's Point of View.** London, Cassell and Co. Ltd.

Albutt, H. (n.d.) **The Wife's Handbook.** Sydney, Mod. Med. Pub. Co.

Alford, K. (1984.) **Production or Reproduction.** Melbourne, OUP.

Allen, H. (1984) 'At the Mercy of Her Hormones : Premenstrual Tension and the Law', **mf.** no. 9.

Allen, J. (1982.) 'Octavious Beale Reconsidered : infanticide, babyfarming and abortion in NSW. 1880 - 1939', in **Sydney Labour History Group** (1982).

Armstrong, D. (1980) **An Outline of Sociology : as applied to medicine.** Bristol, John Wright and Sons Ltd.

Armstrong, D. (1983) **Political Anatomy of the body.** Cambridge, CUP.

Arthur, R. (1898) 'Aseptic Midwifery', **AMG.** vol.XVII, no.3, March.

Australian Dictionary of Biography. vols 3,4,5 and 6. (1969) Melbourne, Melbourne University Press.

AHS. (1886) **Health Lectures for the people.** Melbourne, Geo. Robertson.

Australian Health Society, (1900) **A Quarter century's record.** Melbourne, AHS.

Bacchi, C. (1980) 'Evolution, Eugenics and Women', in **Windschuttle, E. (ed.)** (1980).

Bacchi, C. (1980/1) 'The Nature - Nurture Debate in Australia. 1900-1914', **Historical Studies.** no. 19.

Baines, B. and Shapin, S. (1979) **Natural Order.** Beverley Hills/London, Sage Publications.

Balls Headley, W. (1876) 'Dress with Reference to Heat'. **AHS Pamphlet.** Privately published , Melbourne.

Balls Headley, W. (1879) '0n Retrofelxion of the Uterus', **AMJ.** vol. I, no.8, August.

Balls Headley, W. (1884) 'The Natural History of Four Cases of Lacerated Uteri', **AMJ.** vol. VI, no. 5,May.

Balls Headley, W. (1886a) 'Case of Chronic Puerperal Mania-Lacerations and Granular os', **AMJ.** vol.VIII, no.11, November.

Balls Headley, W. (1886b) 'On a Series of Cases of Imperfect Development of the female organs of Generation', **AMJ.** vol.VIII, no. 8, August.

Balls Headley, W. (1892) 'President's Address of Section III Midwifery and Gynaecology', **MJA.** vol.XVI, no.11, November.

Balls Headley, W. (1894) **The Evolution of the Diseases of Women.** London, Smith, Elder and Co.

Banks, J.A. (1981) **Victorian Values : Secularism and the Size of Families.** London, Routledge and Kegan Paul.

Banks, J.A. and O. (1964) **Feminism and Family Planning in Victorian England.** Liverpool, Liverpool University Press.

Banks, O. (1981) **Faces of Feminism.** Oxford, Martin and Robinson.

Barbalet, M. (1983) **Far from a Low Gutter Girl.** Melbourne, OUP.

Barkas, J.W. (1881) 'A Case of Hysterical Vomitting', **AMG.** vol.I, no.12, December.

Barker-Benfield, B. (1975) Sexual Surgery in late 19th century America'. **International Journal of Health Services.** vol.5, no. 2.

Barker-Benfield, B. (1976) **Horrors of the Half-Known Life.** New York, Harper Colophon Books.

Barnes, B. (1974) **Scientific Knowledge and Sociological Theory.** London and Boston, Routledge and Kegan Paul.

Barrett, J.W. (1901) 'President's Address', **IMJA.** vol.VI, no. 1, January.

Barrett, M. (1980) **Women's Oppression Today.** London, Verso Ed.

Barrett, M. (ed.) (1979) **Ideology and Cultural production of Gender.** London, Croom Helm.

Barrington, F. (1904) 'A First Series of One Hundred Abdominal Pelvic Abdominal Diseases', **AMG.** vol.XXIII, no.1 January.

Barthes, R. (1974) **Mythologies.** tr. A. Lavers, London, Johnathon Cape.

Barton, E. (1891) **A Colonist's Medical Handbook.** Melbourne, Cassel and Co.

Batchelor, F. (1889) 'Presidential Address of the Intercolonical Medical Congress of Australia Obstetrics and Gynaecology', **MJA.** vol.XI, no.12, January.

Beaney, G. (1872) **The Generative System.** Melbourne, F.F.Bailliere.

Beard, G. (1885) **New Encyclopedia of Family Medicine.** New York, McNeil and Coffee.

Beattie Smith (1903) 'Insanity in its Relations to the practitioners, the patient and the state, **IMJA.** vol. VIII, no.2, February.

Beeches, (n.d) **Household Medical Guide.** Sydney, E.T. Radcliffe.

Beechey, V. (1979) 'On Patriarchy', **Feminist Review.** no.3.

Beer, G. (1983) **Darwin's Plots. Evolutionary Narrative in Darwin, George Eliot In Nineteenth Century Fiction.** London, Routledge and Kegan Paul.

Belsey, C. (1980) **Critical Practice.** London, Methuen.

Bersani, L. (1977) 'The Subject of Power', **Diacritics.** September.

Besant, A. and Knowlton, C. (1889) **Fruits of Philosophy.** Sydney.

Bettyson, M. and Summers, A. (1980) **Herstory : Australian Women in Print 1788 -1975.** Sydney, Hale and Iremonger.

Bevege, M. et al. (eds.) (1982) **Worth Her Salt.** Sydney, Hale and Iremonger.

Blainey, G. (1966) **The Tyranny of Distance.** Melbourne, Sunbooks.

Bland, L. (1983) 'Purity, Motherhood, Pleasure or threat ? Definitions of Female Sexuality 1900 -1970s', in **Cartledge,S. and Ryan, J.** (eds.) (1983).

Bloch, M. (1980) 'Woman and the Dialectics of Nature in 18th century French Thought', in **MacCormarck, C. and Strathern, M.** (eds.) (1980).

Botsman, B. and Hartley, R. (eds.) (1984) **Sex, Politics, Representation.** Sydney, Local Consumption Publications.

Bouchard, D.F. (ed.) (1984) **Language, Counter-memory, practice. Selected essays and interviews by Michel Foucault.** Ithaca, New York, Cornell University Press.

Brant, H. and M. (1971)

A Dictionary of Pregnancy, Childbirth and Contraception. London, Thomas Nelson and Sons Ltd.

Brown, B. (1983) 'Displacing the Difference - Review of Nature, Culture and Gender', **mf.** no.8.

Brown, B. and Adams, P. (1979) 'The Feminine Body and Feminist Politics', **mf.** no.3.

Bruck. L. (1886) **Australian Medical Directory and Handbook.** Sydney, Australian Medical Gazette Office.

Bullough, V. and Voght, M. (1973) 'Women, Menstruation and Nineteenth Century Medicine', **Bulletin of the History of Medicine.** vol. XLVII, no. 1, January/February.

Burrow, J.W. (1966) **Evolution and Society.** Cambridge, CUP.

Burstyn, J.N. (1980) **Victorian Education and Ideology of Womanhood.** London, Croom Helm.

Burton, F. and Cowlen, P. (1979) **Official Discourse.** London, Routledge and Kegan Paul.

Caine, B. (1976) 'Frances Cobbe and the little health of ladies'. **Refractory Girl.** June.

Caine, B. (1977) 'Women's "Natural State" : marriage and 19th century Feminists', **Hecate.** vol. 9, February.

Cairns Lloyd, H. (1910) 'Recent Work in the Treatment of Puerperal Sepsis', **AMJ.** vol. XV, no.1, January.

Callinicus, A. (1983) **Marxism and Philosophy.** Oxford, OUP.

Cambridge, A. (1903) **Thirty Years in Australia.** London, Methuen and Co.

Canguilhem, G. (1978) On the Normal and the Pathological Dordrecht, Holland; D. Reidel.

Cannon, M. (1975) **Life in the Cities.** Melbourne, Nelson.

Cartledge, S. and Ryan, J. (eds.) (1983) **Sex and Love.** London, Women's Press.

Centre for Contemporary Studies. (1980) **On Ideology.** London, Hutchinson.

Chamberlain, M. (1981) **Old Wives Tales.** London, Virago.

Chamber's English Dictionary. (1914) London, W.& R. Chambers Limited.

Chambers, T. (1885) 'A Case of Complete Inversion of the Uterus of 25 months duration, reduced by graduated elastic and continual pressure in less than four and a half hours', **AMG.** vol.IV, no.12, December.

Chenhall, W. (1908) 'Disturbances of Menstruation', **AMG.** vol.XXVII, vol. 6, June.

Chenhall, W. (1910) 'The Question of Premature Termination of Pregnancy', **AMG.** vol.XXIX, no. 5, May.

Chevasse, P. (1869a) **Counsel to Mother.** London, Churchill and Sons.

Chevasse, P. (1869b) **The Physical Life of Both Sexes.** Melbourne, Standard and Publishing Co.

Chodorow, N. (1978) **The Reproduction of Mothering.** Berkley, California Press.

Clair Siddall, A. (1982) 'Chlorosis - Etiology Reconsidered', **Bulletin of the History of Medicine.** vol. 2, no.56, Summer.

Cleland, W.L. (1887) 'Insanity During Pregnancy', **AMG.** vol. IX, no.7, July.

Clutterbuck, D. (1870) 'On a Case of Epilepsy during Pregnancy', **AMJ.** vol.XV, no.1, January.

Cole, E. (n.d) **Advice of a Hundred doctors of Tightlacing.** Melbourne, Coles Arcade.

Cominos, P. (1963) 'Late Victorian Respectability and the Social System', **International Review of Social History** vol. 8 nos. 1 and 2.

Connell, R. and Irving, T. (1980) **Class Structure in Australian Society.** Melbourne, Longman Cheshire.

Conway, J. (1970) 'Stereotype of Femininity in a theory of Sexual Evolution', **Victorian Studies** no. 14, September.

Cope, I. (1980) **Obstetrics and Gynaecology. Short title catalogue of books published before 1900.** Sydney, Privately Published.

Cope, R.A. (1900) 'Preventive Treatment in Diseases of Women', **AMG.** vol. XIX. no. 1, January.

Cott, N. (1978) 'Passionlessness', **Signs.** Vol. 4, Winter.

Cousins, M. and Hussain, A. (1984) **Michel Foucault.** London, Macmillan.

Coward, R. (1983) **Patriarchal Precedents.** London, Routledge and Kegan Paul.

Coward, R. and Ellis, J. (1977) **Language and Materialism.** London, Routledge and Kegan Paul,

Crandall, F. (1903) **How to Keep Well.** New York, Double Day.

Crawford, P. (1981) 'Attitudes to Menstruation in Seventeenth Century England', **Past and Present.** no.91, May.

Crow, D. (1971) **The Victorian Woman.** New York, Stein and Day.

Cumpston, J.H.L. (1975) **History of Medical Journalism in Australia.** Sydney, Shipping Newspaper Ltd.

Cuscaden, G. (1907) 'Presidential Address', **IMJA.** vol. XII, no.2, February.

Dale, R. et al. (1978) **Schooling and Capitalism.** London, Routledge and Kegan Paul.

Daniels, K. and Murmane, M. (1980) **Uphill all the Way.** St Lucia, University of Queensland Press.

Davenport, A.F. (1899) 'Notes on the Origins of Sex'. **IMC.** (5th session).

Davidoff, C. (1979) 'Class and Gender in Victorian England', **Feminist Studies.** vol. 5, no.1, Spring.

Davies, (1882) **Handbook of Domestic Medicine.** London, George Belle and Sons.

Davies, M. (1982) 'Corsets and Conception : Fashion and Demographic Trends in the 19th Century', **Comparative Studies in Society and History.** vol. 24, no. 4, October.

Davison, G. (1978) **The Rise and Fall of Marvellous Melbourne.** Melbourne, Melbourne University Press.

Davison, G. (1969) The Rise and Fall of Marvellous Melbourne 1870-1895. Ph.D., ANU.

Davison, G. (1982) 'What Happened to History', **Historical Studies.** vol. 20, no. 79, October.

de Burgh Griffith, J. (1882) 'Puerperal Insanity', **AMJ.** vol.IV, no. 6, June.

Deacon, D. (1983) 'Tayorism in the home, the medical profession and the deskilling of women'. Unpublished paper , 53rd Congress ANZAAS.

Degler, C.V. (1974) 'What Ought to be and What was : Women's Sexuality in the late 19th century', **Amercian History Review.** vol. 79, no. 5.

Delamont, S. and Duffin, D. (eds.) (1978) **The Nineteeth Century Woman : Her Cultural and Physical World.** London, Croom Helm.

Delphy, C. (1977) **The Main Enemy.** London, Women's Research and Resources Centre Publications.

deZouche, I. (1881) 'A case of Battey's Operation', **AMJ.** vol.II, no.4, April.

deZouche, I. (1883) 'Notes on a case of double Oopherectomy', **AMJ.** vol. V, no. 2. February.

Dickey, B. (1977) 'Health and the State in Australia, 1788-1977', **Journal of Australian Studies.** vol. 2, November.

Dixson, M. (1975) **The Real Mathilda.** a Ringwood, ~~Harmondsworth~~, Penguin Bks. Ltd.

Dodds, S. (1910) **Race Culture.** London, Fowler and Co.

Donzelot, J. (1978) **The Policing of Families.** New York, Pantheon Bks.

Douglas Wood, A. (1973) '"The Fashionable Diseases" : Women's Complaints and Their Treatment in Nineteeth-Century America', **Journal of Interdisciplinary History.** vol. 4, no. 1.

Douglas, M. (1966) **Purity and Danger.** London, Routledge and Kegan Paul.

Drayton, H. (n.d) **Nervousness.** Sydney, The Mod. Pub. and Co.

Dreyfus , H. and Rabinow, P. (1983) **Michel Foucault. Beyond Structuralism and Hermeneutics. With an afterword and an interview by Michel Foucault.** Chicago, The University Press.

Dunbar Hooper, J.W. (1903) 'A Case of Anorexia Nervosa which later developed Myodnexia followed by safe parturition', **AMJ.** vol. VII, no. 9,September.

Dunlop, J.D. (1883) 'Two Cases of Hystero-epilepsy', **AMG.** vol II, no. 2, February.

Dunstan, D. (1984) **Governing the Metropolis : Melbourne 1850 -1891.** Melbourne, Melbourne University Press.

Dyason, D. (1984) 'Medical Profession in the Colony of Victoria, 1850-1914', Unpublished paper, University of Melbourne.

Dye, Schrom, N. (1980) 'History of Childbirth in America', **Signs.** vol. 6, no. 1.

Dyhouse, C. (1981) 'Working Class Mothers and Infant Mortality in England, 1895-1914', in **Webster, C. (ed.)** (1981).

Eagleton, T. (1983) **Literary Theory.** Oxford, Blackwell.

Easlea, B. (1981) **Science and Sexual Oppression.** London, Weiden and Nicholson.

Eccles, A. (1982) **Obstetrics and Gynaecology in Tudor and Stuart England.** London, Croom Helm.

Edholm, F. et. al. (1977) 'Conceptualising Women' **Critique of Anthropology.** vol.9 and 10, no.3.

Edwards, S. (1981) 'Feminine Sexualis : medico legal control in Victorian Times', **Society for the Social History of Medicine.** Bulletin 2, June.

Ehrenreich, B. and English, D. (1979) **For Her Own Good : 150 years of the Expert's Advice to Women.** London, Pluto Press.

Eichler, M. (1980) **The Double Standard.** London, Croom Helm,

Extracts. (1880) 'From American Medical Associations', **AMJ.** vol. II, no. 9, September.

Extracts (1881) 'From British Medical Journals', **AMJ.** vol III, no.11, November.

Extracts. (1885) 'Oopherectomy and its results', **AMJ.** vol. VII, no. 3, March.

Farrall, L. A. (1979) 'The History of Eugenics : a Bibiliographical Review', **Annals of Science.** vol.36, no.2, March.

Faulkner's (n.d) **Book of Nature.** Melbourne, Will Andrade.

Fawcett, B. (1882) **Woman Know Thyself!** Sydney, Cunningham and Co.

Featherstone, M. (1982) 'The Body in Consumer Culture', **Theory, Culture and Society.** vol. 1, no.2, Autumn.

Felman, S. (1975) 'Women and Madness', **Diacritics.** Winter.

Figlio, K. (1977) 'The Historiography of Scientific Medicine : an invitation to the human sciences ', **Comparative Studies in Society and History.** vol. 19, no. 3,July.

Figlio, K. (1978) 'Chlorosis and Chronic Disease in 19th century Britain : The Social Constitution of Somatic Illness in a Capitalist Society', **International Journal of Health**

Services. vol. 8, no. 4.

Finnane, M. (1982) 'Sexuality and Social Order', in **Sdney Labour History Group** , (1982).

Fletcher, S. (1947) 'Development of Obstetrics and Gynaecology', **MJA.** vol. XXXIV.

Ford, E. (1976) **Bibiliography of Australian Medicine. 1790-1900.** Sydney, Sydney University Press.

Foreman, A. (1978) **Femininity as Alientation.** London, Pluto Press.

Foreman, J. (1887) 'Chairman's Address to the Section of Gynaecology'. **IMC.** (1st session).

Forgaris, J. (1981) 'Review of Discipline and Punish : The Birth of the Prison by M. Foucault', **Theory and Society.** vol. 10, no. 5, September.

Forster, F. (1966) 'One Hundred Years of Obstetrics and Gynaecological History'. **Australian and New Zealand Journal of Obstetrics and Gynaecology.** vol. VI, no. 162.

Forster, F. (1979) 'Birth Control in Australia', **Victorian Historical Journal.** vol. 50, no. 4, November.

Foucault, M. (1972) **The Archeology of Knowledge and the Discourse on Language.** New York, Harper Colophon Bks.

Foucault, M. (1973) **The Order of Things.** New York, Vintage Press.

Foucault, M. (1975) **The Birth of the Clinic.** London, Tavistock.

Foucault, M. (1978) 'Politics and the Study of Discourse', **I&C.** vol. 1, no. 3. Spring.

Foucault, M. (1980a) **Herculin Barbin.** Brighton, Harvester Press.

Foucault, M. (1980b) **Power/Knowledge : Selected interviews and other writings. 1972-1977. (ed. C. Gordon).** Brighton, the Harvester Press.

Foucault, M. (1981) **A History of Sexuality. vol. 1.** Harmondsworth, Penguin Books Ltd.

Foucault, M. (1982) **Discipline and Punish: The Birth of the Prison.** Harmondsworth, Penguin Books Ltd.

Foucault, M. (1984a) **The Foucault Reader. (ed. P. Rabinow).** New York, Pantheon Books.

Foucault, M. (1984b) **Language, Counter-memory, practice : selected Essays and Interviews. (ed. D.F. Bouchard)** . Ithaca, New York, Cornell University Press.

Fowler, R. (1951) 'Populating the Antipodes, or migration, motherhood and midwifery in the working of Victoria', **MJA.** vol. II, no. 3, July.

Fraisse, G. (1985) 'The Forms of Historical Feminism', **mf.** no. 10.

Friedson, E. (1970) **The Profession of Medicine.** New York, Dodd, Mead and Co.

Fullerton, G. (1882) **The family Medical Guide.** Sydney, Wilhelm Madock and Co.

Fulton, J. (1877) 'On a Case of Hysteria simulating Styrchnine Poisoning', **AMJ.** vol. XXII, no. 8, August.

Gallagher, C. (1986) 'The body versus the social body in Malthus and Mayhew', **Representations.** no. 14, Spring.

Gandevia, B. (1952) 'A Review of Victoria's Early Medical Journals', **MJA.** vol.III, no.4, August.

Gandevia, B. (1954) 'James Thomas Ruddall, 1828-1908'. **MJA.** vol. V, no. 6, December.

Gandevia, B. (1957 and 1971) **An Annotated Bibliography of the History of Medicine in Australia.** Monograph of the Federal Council of the British Medical Association in Australia.

Gandevia, B. (1976) **A Collection of Medical Books and Pamphlets of Australian Interest.** Sydney, University of New South Wales.

Garde, H.C. (1890) 'Case of Complete Absence of Vagina'. **AMG.** vol. IX, no. 9, September.

Garfinkle, H. (1967) **Studies in Ethnic Methodology.** New Jersey, Prentice Hall.

Garton, S. (1972) 'The State and Social Order in Australian History', in **Sydney Labour History Group** , (1982).

Gilman, S.L. (1985) 'Black Bodies, White Bodies : Toward an Icongraphy of Female Sexuality in Late 19th Century Art, Medicine and Literature', **Critical Inquiry.** vol. 2, no. 1, Autumn.

Gilmore, M. (1934) **Old Days, Old Ways.** Sydney, Angus and Robertson.

Goergs, K.W. (1884) 'Women's Education for the Guardianship of Health', **AMG.** vol.III, no. 1, January.

Goodwin, S.D. (1964) 'Evolutionary Theory in Australian Social Thought', **Journal of History of Ideas.** vol. 25.

Gordon, L. (1977) **Women's Body, Women's Right.** Harmondsworth, Penguin Books Ltd.

Graham, H. (1950) **Eternal Eve.** London, Heinemann.

Grant, J. and Serle, G. (1957) **The Melbourne Scene, 1803-1956.** Melbourne, Melbourne University Press.

Green, C. (1984) **Mutual Aid or Welfare State : Australian Friendly Societies.** Melbourne, Allen and Unwin.

Grieve, N. and Grimshaw, P. (1981) **Australian Women : Feminist Perspectives.** Melbourne, OUP.

Hagger, J. (1979) **Australian Colonial Medicine.** Adelaide, Rigby,

Haller, J.S. and Haller R.M. (1974) **The Physician and Sexuality in Victorian America.** Urbana, University of Illinois Press.

Halliday, R.J. (1971) 'Social Darwinism , A Definition', **Victorian Studies.** vol. XVI, no. V, June.

Hamilton, J.A.G. (1903) 'Treatment of Nymphomania dy bivision of branches of internal pubic and inferior pudenda nerves', **AMG.** vol. XXII, no. 5, May.

Hammerton, A.J. (1979) **Emigrant Gentlewomen. 1830-1914.** Canberra, Australian National University Press.

Hartman,M and Banner L. (1974) **Clio's Consciousness Raised.** New York, Harper and Row.

Hawkes, T. (1982) **Structuralism and Semiotics.** London, Methuen.

Hayward, W. (1887) 'Notes on a case in which Puerperal Insanity occured during pregnancy'. **AMG.** vol. VI, no.5, May.

Health and Home. vol. II and III (1892) Melbourne, Signs.

Heath, S. (1972) **The Sexual Fix.** London, Macmillan.

Heath, S. (1978) 'Difference', **Screen.** vol. 19 , no. 13, Autumn.

Hesse, M. (1980) **Revolution and Reconstruction.** Brighton, Harvester Press.

Hewitt, M. (1983) 'Definitions of Biopolitics', **Theory, Culture and Society.** vol. 2, no. 1.

Hicks, N. (1971) Evidence and Contemporary Opinion about the Peopling of Australia. 1891 - 1911. Ph.D., ANU.

Hicks, N. (1978) **This Sin and Scandal : Australia's Population Debate, 1981-1911.** Canberra, Australian National University Press.

Hirst, P. (1979) **On Law and Ideology.** London, Macmillan,

Hodges , J. and Hussain, A. (1979) 'Jacques Donzolet : La Police des Families', **I&C** , vol. 2, no. 5, Spring.

Hogg. K. (1908) 'An Introduction to the Relation of the Female Pelvic organs to Insanity'. **IMC.** (8th Session).

Holden, F. (1883a) **Plain Words to Mothers.** Sydney, Geo.Robinson.

Holden, F. (1883b) **Women's Ignorance and the World's Need.** Sydney, Geo. Robinson.

Horne, G. (1911) **Practical Gynaecology.** Melbourne, James Little, Stillwell and Co.

Hussain, A. (1981) 'Foucault's History of Sexuality', **mf.** nos. 5 and 6.

Hutton Neve, M (1980) **This Mad Folly.** Sydney, Library of Australian History.

Hutton, B. and Wilheim, G. (1980) **Controlling Women.** London, Croom Helm.

Hyslop, A. (1980) The Social Reform Movement in Melbourne, 1890 -1914. Ph.D., La Trobe University.

Hyslop, A. (1982) 'Agents and Objects : Women and Social reform in Melbourne, 1900 -1914', in **Bevege, M. et al (eds.)** (1982).

Ignatieff, M. (1984) 'Anxiety and Asceticism', **Times Literary Supplement.** September.

Inglis, K.S. (1958) **Hospital and Community.** Melbourne, Melbourne University Press.

Interrante, J. and Lasser, C. (1979) 'Victims of the Very Songs They Sing', **Radical History Review.** vol.20, Summer/Spring.

Jackson, E.S. (1912) 'The Difference Standards of Health Maintained by the Sexes in Queensland', **AMG.** vol. XXXI, no. 1, January.

Jackson, S. (1896) 'Puerperal Septic Diseases', **IMJA.** vol. I, no. 2, February.

Jagger, A. etal. (1978) **Feminist Frameworks.** New York, McGraw-Hall Bk. Co.

Jakins, W.V. (1884) 'Uterine Displacements', **AMJ.** vol. VI, no. 5, May.

Jakins, W.V. (1890) 'The Mechanical Treatment of the Displacement of the Uterus', **AMG.** vol. XII, no. 3, March.

Jamieson, J. (1877) 'On Rupture of the Perineum', **AMJ.** vol XXII, no. 11, November.

Jamieson, J. (1879a) 'Diseases Which Should Be Prevented', **AHS Tract.** Melbourne.

Jamieson, J. (1879b) 'Introductory Lecture in the Course on Obstetrics at the University of Melbourne', **AMJ.** vol. 1, nos. 4,6 and 7, April, June, July.

Jamieson, J. (1880) 'The Public Charities and Their Abuses', **Victorian Review.** May.

Jamieson, J. (1881) 'The Birth Rate and the Growth of the Population', **The Argus.** August.

Jamieson, J. (1882) 'Medical Education an Introductory Lecture', **Privately Published.** Melbourne.

Jamieson, J. (1884) 'Present state of the Puerperal Fever Question', AMJ.vol. VI, no. 6, June.

Jamieson, J. (1885a) 'A Sketch of the history of Midwifery', **AMJ.** vol. VII, no. 5, May.

Jamieson, J. (1885b) 'Contribution to the Vital Statistics of Australia',

Pamphlet. May.

Jamieson, J. (1887) 'Sex, In Health and Disease', AMJ.vol. IX, no. 4, April.

Jeffreys Wood, A. (1906) 'Presidential Address', **AMJ.** vol. XI, no. 1,January.

Jones, G. (1980) **Social Darwinism in English Thought.** Sussex, Harvester Press.

Jones, R.A. (1981) 'Working the Body : Towards an Understanding of L'Ecriture Feminine', **Feminist Studies.** vol. 7, no.2, Summer.

Jordanova, L. (1980a) 'Medical Police and Public Health. Problems of Practice and Ideology', **Society for the Social History of Medicine.** Bulletin 21, July.

Jordanova, L. (1980b) 'Natural Facts : a historical perspective on science and sexuality', in **MacCormarck, C. and Strathern, M. (eds.)** (1980).

Keat, R. (1986) 'The Human Body in Social Theory : Reich, Foucault and the Repressive Hypothesis', **Radical Philosophy.** no.4, Winter/Spring.

Kellog, J. (1895) **Ladies Guide in Health and Disease.** London, International Tract Society.

Kelly, F. (1982a) 'Mrs Smyth and the body politic : health reforms and birth control in Melbourne', in **Bevege, M. et al. (eds.)** (1982).

Kelly, F. (1982b) The "Woman Question" in Melbourne 1880 -1914 : Rhetoric, Network and Action. Ph.D., La Trobe University.

Kelly, J. (1971) 'The Doubled Visions of Feminist Theory', **Feminist Studies.** vol.3, no.1, Spring.

Kennedy, D. (1969) 'Michel Foucault : the Archeology and Sociology of Knowledge', **Theory and Society.** no. 8.

Kennedy, R. (ed.) (1982) **Australian Welfare History.** Melbourne, George Allen and Unwin.

Keohane, N. O. et.al. (eds) Ø. (1982) **Feminist Theory.** Brighton, Harvester Press.

Knaggs, (1906) **Common Complaints and Simple Remedies.** Sydney, Anthony Hordern and Son.

Knaggs, S.T. (1881) 'Report of 660 cases of midwifery in Australia', **AMJ.** vol. III, nos. 6,7 and 8, June, July, August.

Kross, Nurse, (189-) **Nurse Kross'es Little Doctor.** Sydney, E.T.Radcliffe.

Kuhn, A. (1982) **Women's Pictures : Feminism and Cinema.** London, Routledge and Kegan Paul.

Kuhn, A. and Wolpe, A.M. (1978) **Feminism and Materialism.** London, Routledge and Kegan Paul.

Kurzweil, E. (1980) **The Age of Structuralism.** New York, Columbia University Press.

Lacapra, D. (1980) 'Rethinking Intellectual History and Reading Texts', **History and Theory.** no. 20.

Laqueur, T. (1986) 'Orgasm, Generation and the Politics of Reproductive Biology', **Representations.** no.14, Spring.

Larson, M.S. (1977) **The Rise of Professionalism.** Berkley, University of California Press.

Lash, S. (1984) 'Genealogy and the Body : Foucault/Deleuze/Nietshce', **Theory, Culture and Society.** vol.2, no.2.

Le Doeuff, M. (1977) 'Women and Philosophy', **Radical Philosophy.** 17, Summer.

Le Doeuff, M. (1981/2) 'Pierre Roussel's Chiasmas : from imaginary knowledge to the learned imagination'. **I&C.** vol.5, no.9, Winter.

Lechte, J. (1979) **Politics and the Writing of Australian History.** Melbourne Politics Monograph.

Lechte, J. (1982) 'Encountering French Philosophy : Viscount Descombes', **Thesis Eleven.** no. 5/6.

Lemert, C.C. and Gillan, G. (1982) **Michel Foucault. Social Thought and Transgressions.** New York, Columbia University Press.

Lentricchra, P. (1980) **After the New Criticism.** Chicago, University of Chicago Press.

L'Esperance, J. (1977) 'Doctors and Women in 19th century Society', in **Woodward, W. (ed.)** (1977).

Lewis, M. (1976) Populate or Perish : aspects of infant and maternal welfare in Sydney, 1870 -1939. Ph.D., Sydney University,

Llewellyn, R.F. (1907) 'The Internal Secretion of the Ovary and the Testes in relation to the secretion of ductless Glands', **AMJ.** vol. XII, no. 5, May.

Longino, H. and Doell, R. (1983) 'Body, Bias and Behaviour :A Comparative Analysis of Resoning in Two Areas of Biological Science', **Signs.** vol.9, no.2.

Love, R. (1979) 'Feminism and Eugenics in the Scientific Careers of Alice Lee and Ethel Elderton', **Annals of Science.** vol.36, no. 2, March.

Lucas, T. (1906) **Domestic Medicine.** Sydney, Dunlop and Co.

Lyman, H. (189-) **The Practical Home Physician.** London, World Publishers Co.

Mac Cormarck , C. and Strathern, M. (eds.) (1980) **Nature, Culture and Gender.** Cambridge, CUP.

Maclean, I. (1980) **The Renaissance Notion of Woman.** Cambridge Monograph on the History of Medicine, Cambridge, CUP.

Maid, Wife and Mother, a book for womankind. (1883) Sydney, Colophon, Ford and Bosh.

Marcovich, A. (1892) 'Concerning the Continuity between the image of society and the image of the human body ... J.C. Lettson (1746-1815)', in **Wright, P. and Treacher, A. (eds.)** (1982)

Marcus, S. (1966) **The Other Victorians.** London, Weidenfeld and Nicholson.

Martin. L.J. (1873) 'On the Recent Epidemic of Puerperal Fever', **AMJ.** vol. XVII, no. 7,July.

Matthews, J.J. (1984) **Good and Mad Women.** Sydney, Allen and Unwin.

Mc Laren, A. (1978) **Birth Control in 19th century England.** London, Croom Helm.

McLean, W. (1904a) 'Alleged Artificial Restriction of Families', **IMJA.** vol.IX, no. 8, August.

McLean, W. (1904b) 'The Declining Birth Rate in Australia', **IMJA.** vol. IX, no. 3, March.

Meyer, F. (1886) 'Three Cases of Emmett's Operation for Laceration of the Cervix Uteri', **AMJ.** vol.VIII, no. 6, June.

Meyer, F. (1889a) 'Some Aspects of the Question of the Artificial Termination of Gestation', **IMC.** (2nd session).

Meyer, F (1889b) 'The Obligation of Gynaecology to Obstetrics', **IMC.** (2nd session).

Milford, F. (1896) **Australian Handbood of Nursing.** Sydney, Angus and Robinson.

Miller, C. and Smyth, C. (1977) **Words and Women.** London, Victor Gollanz.

Minson, J. (1980) 'Strategies for Socialists , Foucault's conception of power', **Economy and Society.** vol. 9, no 1.

Mitchell, J. (1978) **Psychoanalysis and Feminism.** Harmondsworth, Penguin Bks. Ltd.

Mitchell, J. and Rose, J. (1982) **Jacques Lacan et Ecole Freudiene.** London, Macmillan.

Mitchell, J. and Rose, J. (1983) 'Feminine Sexuality : Interview', **mf.** no.8.

Mitchinson, W. (1982) 'Gynaecological Operations on Insane Women', **Journal of Social History.** vol. 15, Spring.

Monie, J. (1982) **Victorian History and Politics. vol. 1 and 2.** Melbourne, Borchall Library, La Trobe University.

Moran, H. (1939) **Viewless Winds.** London, Peter Davies.

Morris , M. and Patton, P. (1979) **Michel Foucault : Power, Truth and Strategy.** Sydney, Feral Pub.

Mosedale, S.S. (1978) 'Science Corrupted : Victorian Biologists Consider Woman', **Journal of the History of Biology.** vol. 11, no. 1.

Mulkay, M. (1979) **Science and the Sociology of Knowledge.** London, G.Allen and Unwin.

Mulkay, M. and Gilbert, N. (1980) 'Response to Gierger', **Social Studies of Science.** Sage vol. 10.

Munro Kerr, J.M. etal. (1954) **Historical Review of British Obstetrics and Gynaecology 1800-1950.** London, Livingstone Ltd.

Murray Moore, J. (1884) 'Foreign Bodies in the Vagina', **AMG.** vol. III, no. 1, January.

Naylor, H.G.H. (1899) 'Three Cases of Interest ... Defectus Uteri', **AMG.** vol. XVIII, no. 10, October.

Neale, R.S. (1983) **History and Class.** Oxford, Blackwell.

Newman, C. (1957) **The Evolution of Medical Education in the 19th Century.** Oxford, OUP.

Newton, J.L. and Walkowitz, J. (eds.) (1983) **Sex and Class in Women's History.** London, Routledge and Kegan Paul.

Norris, C. (1982) **Deconstruction : Theory and Practice.** London, Methuen.

Oakley, A. (1984) **The Captured Womb.** Oxford, Blackwell.

O'Brien, M. (1981) **The Politics of Reproduction.** London, Routledge and Kegan Paul.

O'Brien, M. (1978) 'The Politics of Reproduction'. **Women's Studies International Quarterly.** vol. 1.

Osborne, G. and Mandel, W.F. (1892) **New History.** Sydney, Allen and Unwin.

O'Sullivan, M.U. (1892) 'The Verae Causae of Cancer', **AMJ.** vol. XIV, no. 12, December.

O'Sullivan, M.U. (1894) **The Proclivity of Civilized Woman to Uterine Displacements : the Antidote.** Melbourne, Stillwell and Co.

O'Sullivan, M.U. (1897) 'President's Address', **AMJ.** vol. II, no. 1, January.

O'Sullivan, M.U. (1899a) 'President's Address', **IMC.** (5th session).

O'Sullivan, M.U. (1899b) 'Some Shortcomings of Present day Gynaecology', **IMJA.** vol. IV, no. 11, November.

O'Sullivan, M.U. (1904) 'Caesarian Section', **IMJA.** vol. IX, no. 11, November.

Oxford Companion to Medicine. vol. I and II. (1896) Oxford, OUP.

Padug, R.A. (1979) 'Sexuality in History', **Radical History Review.** no. 20, Spring/Summer.

Paterson, A. (1890) **The Physical Health of Woman.** Sydney, Dunlop and Co.

Pearn, J. and O'Carrigan, C. (eds.) (1983) **Australia's Quest for Colonial Health.** Brisbane Dept. of Child Health, Royal Children's Hospital.

Penfold, O. (1880) 'A Case of Man-Personation by a Woman', **AMJ.** vol.II, no. 4, April.

Pensabene, T. (1980) **The Rise of the Medical Practitioner in Victoria.** Research Monograph, Canberra, Australian National University Press.

Poovey, M. (1986) '"Scenes of an Indelicate Character" : The Medical "Treatment" of Victorian Women', **Representations.** no. 14, Spring.

Pringle, R. (1973) 'Octavius Beale and the Ideology of the Birth Rate', **Refractory Girl.** no.3, Winter.

~~Reiger, K. (1985) The Disenchantment of the Home. Melbourne, OUP.~~

Reiger, R. (1982) The Disenchantment of the Home : the naturalization of domestic Life in Australia. 1880 -1940. Ph.D., La Trobe University.

Reiger, K. (1985) **The Disenchantment of the Home.** Melbourne, OUP.

Report (1889) 'An Interesting case for Nullity of Marriage', **AMG.** vol. VIII, no. 8, August.

Ricci, J.V. (1945) **One Hundred Years of Gynaecology 1800-1900.** Philadelphia, The Blakison Co.

O'Sullivan, M.V. 1907 'Presidential Address' IMJA. vol. XII, no. 2, February

Ricci, J.V. (1949) **The Development of Gynaecological Surgery and Instruments.** Philadelphia, The Blakison Co.

Richards, F. (1905) **Ladies Handbook of Home Treatment.** Melbourne, Signs Pub. Co. Ltd.

Roberts, H. (ed.) (1981) **Women, Health and Reproduction.** London, Routledge and Kegan Paul.

Roe, J. (1967) A Decade of Assessment. M A., ANU.

Roe, M. (1984) **Nine Australian Progressives : Vitalism in Bourgeois Social Thought, 1890-1960.** St Lucia, University of Queensland Press.

Rogers, R.S. (1893) 'Some Remarkable Cases of Hysteria', **AMG.** vol. XII, no. 5, May.

Rosaldo, M.Z. and Lamphere, L. (1974) **Women, Culture and Society.** Standford California, Standford University Press.

Rose, H and Rose, S. (1969) **Science and Society.** London, Allen Lane.

Rose, N. (1979) 'The Psychological Complex : mental measurement and social administration', **I&C.** vol. 2, no.5, Spring.

Rosenberg, R.(1982)

Beyond Separate Spheres. New Haven, Yale University Press.

Rossiter, F. (1898) **The Practical Guide to Health.** Melbourne, Signs Pub. Co. Ltd.

Rothwell Adam, G. (1894) 'The Effects of Removal of Uterine Appendages and Neurotic Symptoms', **AMJ.** vol. XV1, no. 3, March.

Rothwell Adam, G. (1896) 'Presidential Address', **IMJA.** vol. I, no. 1, January.

Rothwell Adam, G. (1898) 'Abortion and Its Management', **IMJA.** vol. III, no. 3, March.

Rothwell Adam, G. (1903) 'Observations of Pathology and Surgery of the Retro-displacement of Uterus', **IMJA.** vol. VIII, nos. 4 and 5, April, May.

Rothwell Adam, G. (1906) 'Obstetrics and Gynaecology', **IMJA.** vol. XI, no. 1, January.

Rothwell Adam, G (1909) 'Dysmenorrhoea', **IMJA.** vol. XIV, no. 9, September.

Rothwell Adam, G. (1910) 'Introductory Remarks on Recent Advances in Obstetrics', **AMJ.** vol.XV, no. 7, July.

Rutherford R. J. (1883) 'Congenital Vaginal Atesia with retention of Menses, successful operation for Artificial vagina', **AMG.** vol. II, no. 2, February.

Ryan, E. and Conlon, A. (1975) **Gentle Invaders : Australian Women at Work, 1788-1974.** Melbourne, Nelson.

Salleh, K. (1984) 'Contribution to the Critique of Political Epistomology', **Thesis Eleven.** no. 8, January.

Sayers, J. (1982) **Biological Politics.** London, Tavistock Pub. Ltd.

Schalit, M.A. (1904) 'A Case of Early Menopause', **AMG.** vol XXIII, no. 8, August.

Schiebinger, L. (1986) 'Skelteons in the Closet : The First Illustrations of Female Skeletons in 18th century Anatomy', **Representations.** no. 14, Spring.

Schrade R. (1887) **Popular Medical Guide.** Sydney, Direct Supply Co.

Serle, G.R. (1971) **The Rush to be Rich. A History of the Colony of Victoria 1883-9.** Melbourne, Melbourne University Press.

Serle, G.R. (1976) **Science in History.** Leyden, Noordhogg International Publishing.

Sheridan, A. (1979) **The Will to Truth.** London, Routledge and Kegan Paul.

Shorter, E. (1983) **A History of Women's Bodies.** London, Allen Lane.

Shortland, M. (1981/82) 'Review of Canguilhelm on the Normal and the Pathological', **I&C.** vol. 5, no. 9, Winter.

Shortland, M. (1985) 'Skin Deep : Barthes, Lavater and the legible body', **Economy and Society.** vol. 14, no. 3, August.

Sinclair, W.A. (1982) 'Women and Economic Change in Melbourne, 1871-1971', **Historical Studies.** vol. 20, no. 79, October.

Smart, B. (1983) **Foucault, Marxism and Critique.** London, Routledge and Kegan Paul.

Smart, C. and Smart , B. (1978) **Women, Sexuality and Social Control.** London, Routledge and Kegan Paul.

Smith-Rosenberg, C. and Rosenberg, C. (1973) 'The Female Animal : Medical and Biological Views of Women and her role in Nineteenth Century America', **Journal of American History.** vol. LX, no. 2, September.

Smith, F.B. (1981) **The People's Health.** Canberra, Australian National University Press.

Smith, J. (1881) 'The Nervous System : Its Use and Abuse'. **The Victorian Review.** vol. V, no. 25. November.

Smith, L. (1915) **Medical Almanac.** Melbourne.

Smith, L. (n.d) **Our Doctor.** Melbourne, Massine and Co.

Smith-Roseberg, C. (1972) 'The Hysterical Woman', **Social Research,** Vol. 9, no. 4.

Smyth, B. (1882) **Love, Courtship and Marriage.** Melbourne Australian Publishers.

Smyth, B. (1893) **Limitation of Offspring.** Melbourne, Rae Bros. Polygraphic Printers.

Smyth, B. (1894) **The Social Evil : Its Causes and Cure.** Melbourne, Rae Bros. Polygraphic Printers,

Spelman, C. (1982) 'Woman as Body : Ancient and Contemporary Views', **Feminist Studies.** vol. 8, no. 1, Spring.

Springthorpe, J. W. (1884) 'On the Psychological Aspect of the Sexual Appetite', **AMG.** vol. III, no.10, October.

Springthorpe, J. W. (1886) 'Climacteric Neuroses', AMJ.vol.VIII, no. 5, May.

Springthorpe, J. W. (1887) 'Treatment of Epilepsy by Removal of Peripheral Irritants', **AMJ.** vol. XIX, no. 4, April.

Springthorpe, J. W. (1889) 'Hygenic Conditions in Victoria', **IMC.** (2nd session).

Springthorpe, J. W. (1896. 'Two Brain Cases Contrasted', **AMJ.** vol. I, no. 3, March.

Springthorpe, J. W. (1897) 'Some Instances of Hysteria', **AMG.** vol. XVI, no. 7, July.

Springthorpe, J. W. (1904) 'President's Address. Section of Public Health', **IMJA.** vol. IX, no. 8, August.

Springthorpe, J W. (1912) **Therapeutic dietetics and hygiene : an Australian text book. vol. I and II.** Melbourne, James Little.

Stockholm, A. (1898) **Tokology : A Book for EveryWoman.** Melbourne, Pater and Son.

Sturrock, J. (1979) **Structuralism and Since.** Oxford, OUP.

Sumner, C. (1979) **Reading Ideologies.** London, Academic Press.

Swain, S. (1976) The Victorian Charity Networks in the 1890s. Ph.D., University of Melbourne.

Swinburne, G.H. (1951) **Queen Victorian Hospital, a history, the first fifty years.** Melbourne, Queen Victoria Memorial Hospital.

Swindells, J. (1985) **Victorian Writing and Working Women.** Cambridge, Polity Press.

Sydney Labour History Group. (1982) **What Rough Beast.** Sydney, George Allen and Unwin.

Tate Sutherland, R. (1910) 'The Mangement of the Normal Puerperium', **AMJ.** vol. XV, no. 7, July.

Taylor Young, P.S. (1908) 'Unusual Malformation of the Pelvic Organs in the Female', **AMG.** vol. XXVII, no. 11, November.

Teale, R. (ed.) (1978) **Colonical Eve.** Melbourne, OUP.

Temkin, O. (1977) **The Double Face of Janus.** Baltimore and London, The John Hopkins University Press.

Thame, C. (1974) Health and the State. Ph.D., ANU.

Thomas, W. (1883) 'Hysteria with simulation of Pregnancy', **AMJ.** vol. V, no. 12, December.

Thomas, W. (1885) 'A Case of Vicarious menstruation', **AMJ.** vol. VII, no. 1, January.

Thompson, J.B. (1984) **Studies in Theory and Ideology.** Cambridge, Polity Press.

Thomson, S.A. and Steele, J. (1911) **A Dictionary of Domestic Medicine and Surgery.** London, Charles Griffen & Company Limited.

Thring, E. (1905) 'Presidential Address, section of Gynaecology and Obstetrics', **IMC.** (7th session).

Tovell, A. and Gandevia, B. (1961) **Reference to Australia in British Medical Journals Prior to 1880.** Melbourne, Medical Society of Victoria.

Trivett, J.B. (1904) 'The Decline of the Birthrate in NSW', IMJA. vol.IX, no. 5, May.

Tucker, M. (1975) The Emergent Character of Woman's Magazines in Australia: 1880 -1914. Hons. Thesis. University of Melbourne.

Tucker, M. (1976-7) 'Women in Australian History', **Historical Studies.** 17.

Turner, B.S. (1982) 'The Discourse of diet', **Theory, Culture and Society.** vol. 1, no. 1, Spring.

Turner, B. S. (1984) **Body and Society.** Oxford, Blackwell.

Twopenny, R. (1973) **Town Life in Australia.** Colonial Facsimile, [1883], Harmondsworth, Penguin Books Ltd.

Veith, I. (1965) **Hysteria : History of a Disease.** Chicago, University of Chicago Press,

Verbugge, M.H. (1976) 'Women and Medicine in 19th century America', **Signs.** vol. 1, no. 4, Summer.

Vetterling-Braggin, M. etal. (1981) **Feminism and Philosophy.** Totowa, New Jersey, Littlefield Adams and Co.

Vinicus. M. (1982) Sexuality and Power : a review of recent work in the history of sexuality. **Feminist Studies.** vol. 8, no. 1, Spring.

Walker, P. (ed.) (1979) **Between Labour and Capital.** Brighton, Harvester Press.

Walkowitz, J. (1982) **Prostitution and Victorian Society.** Cambridge, CUP.

Warren, S. (1898) **The Wife's Guide and Friend.** Melbourne, Will Andrade.

Watson Munro, A. (1899) 'On Abdominal Hysterectomy', **AMG.** vol. XVIII, no. 8, August.

Watson Munro, A. (1901) 'On the Classification of the Displacement of the Uterus', **AMG.** vol. XX, no. 12, December.

Watson, W. (n.d) **Maladies of Mankind.** Sydney, McCarron Stewart and Co.

Wicken, H. (1937) **The Australian Home.** Sydney, Ed. Dunlop and Co.

Way, E.W. (1896) 'Presidential Address, Section of Midwifery and Diseases of Women'. **IMC.** (4th session).

Webster, C. (1981) **Biology, Medicine and Soceity, 1840 -1940.** Cambridge, CUP.

Weeks, J. (1975) **Sexuality and its Discontents.** London, Routledge and Kegan Paul.

Weeks, J. (1981) **Sex, Politics and Soceity.** London, Longman.

Weeks, J. (1982) 'Foucault for Historians', **History Workshop Journal.** 14, Autumn.

Weiger, P. (1978) **Female Cycles.** London, The Women's Press.

Whitbeck, C. (1982) 'Women and Medicine', **Journal of Medicine and Philosophy.** vol. 7, no. 2.

White, H. (1979) 'Michel Foucault', in **Sturrock, J.** (1979).

Wilkins, J. (1875) 'On a Case of loss of voice for Three years in a girl of 26 years old', **AMJ.** vol. XX, no. 4, April.

William Ray, A. (1984) **Medicine and the Management of Living.** Chicago, University of Chicago Press.

Williams, R. (1976) **Keywords.** London, Fontana, Croom Helm.

Williams, R. (1978) 'Base and Superstructure in Marxist Cultural Theory', in **Dale R. etal.** (1978).

Williamson K. (1974) 'A Review of the Archeology of Knowledge', **Economy and Society.** vol. 3, no. 1, February.

Willis, E. (1983) **Medical Dominance.** Melbourne, George Allen and Unwin.

Wilson, E. (1981) 'Psychoanalysis : Psychic Law and Order', **Feminist Studies.** vol. 8, no. 2, Summer.

Windschuttle, E. (ed.) (1980) **Women, Class and History : Feminist perspectives on Australia 1788-1978.** Melbourne, Fontana.

Windschuttle, E. (1982) 'Women and the origins of Colonial Philanthropy', in **Kennedy, R. (ed.)** (1982).

Withers Ewbank, W. (1906) 'The hystero-Neuroses : their Cause and treatment', **AMG.** vol. XXV, no. 3, March.

Wolfgang H. (1893) 'A Case of hystero-epilepsy', **AMG.** vol. XII, no. 7, July.

Wood, N. (1982) 'Prostitution and Feminism in 19th century Britain', **mf.** no.7.

Woodward, J. and Richards, D. (eds.) (1977) **Health Care and Popular Medicine in 19th century England.** London, Croom Helm.

Worrall, R. (1905) 'The Causes, Results and Treatment of injuries of the Genital Tract', **IMC.** (7th session).

Wright, P. (1980) 'Radical Sociology of Medicine' **Social Studies of Science.** Sage, vol. 10.

Wright, P. and Treacher, A. (1982) **The Problem of Medical Knowledge.** Edinburgh, Edinburgh University Press.

Youngson, A.J. (1979) **The Scientific Revolution in Victorian Medicine.** Canberra, Australian National University Press.